

Benjamin Franklin Anderson

CERTIFICATE OF DEATH

Died at

Town

County

Kenilworth

Princ George

MARYLAND

Date
of death

190

Month

Day

Years

Months

Days

7 July

19

Age

58

11

18

Sex

male

Color or
Race

white

Birth-
place

D. C.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

widowed

Name of Wife or
Husband

Mary Elizabeth -

Father's
Name

Anderson

Father's
BirthplaceMother's
Maiden Name

unknown

Mother's
BirthplaceName of person giving
Information

George F. Anderson

How related
to deceased

son

CAUSES OF DEATH

Primary

sun stroke

169

How long

10 hrs.

Immediate

syncope

How long

10 min.

Are the name, age, sex, color, date
and place correctly given above?

as

Signature of
PhysicianJ. M. Brady, M.D.
Kenilworth, D.C.

nearly as could be obtained

Address

Accident or Suicide?



Mary Elizabeth Behler

CERTIFICATE OF DEATH

Died at <u>Bethesda</u>		Town	County <u>Piney George</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>12</u>	Years <u>09</u>	Age <u>09</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>		<u>at place of death</u>		
Occupation <u>Housewife</u>	Where residing if not at place of death		<u>at place of death</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Mary Elizabeth Behler</u>	Father's Birthplace <u>Dart Knob</u>		<u>Don't Know</u>		
Father's Name <u>Don't Know</u>	Mother's Birthplace <u>Don't Know</u>		<u>Don't Know</u>			
Mother's Maiden Name <u>Mary Elizabeth Coal</u>	Name of person giving information <u>Herbert Behler</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Pericarditis</u>	77	How long <u>about 3 years</u>
	Immediate <u>Hemorrhage</u>		How long <u>20 minutes</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>C. A. Fox</u>	
Yes,		Address <u>Bethesda</u>	
Accident or Suicide?			



Name
in
Full

George H. Bader

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	North Keys	Town	Prince George	County	MARYLAND	
Date of death	1907	Month	July	Day	Age	47
Sex	Male	Color or Race	White	Years	Months	Days
Occupation	Farmer.		Where Residing if not at place of death	Birth-place	Md.	
Married, Single	Single.		Bertha E. Bader	Father's Birthplace	Md.	
Father's Name	John H. Bader		Mother's Birthplace	Md.		
Mother's Maiden Name	Elizabeth Wright		How related to deceased	Brother		
Name of person giving information	W. M. Bader					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

15-9

How long

Immediate

Gun shot wound.

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

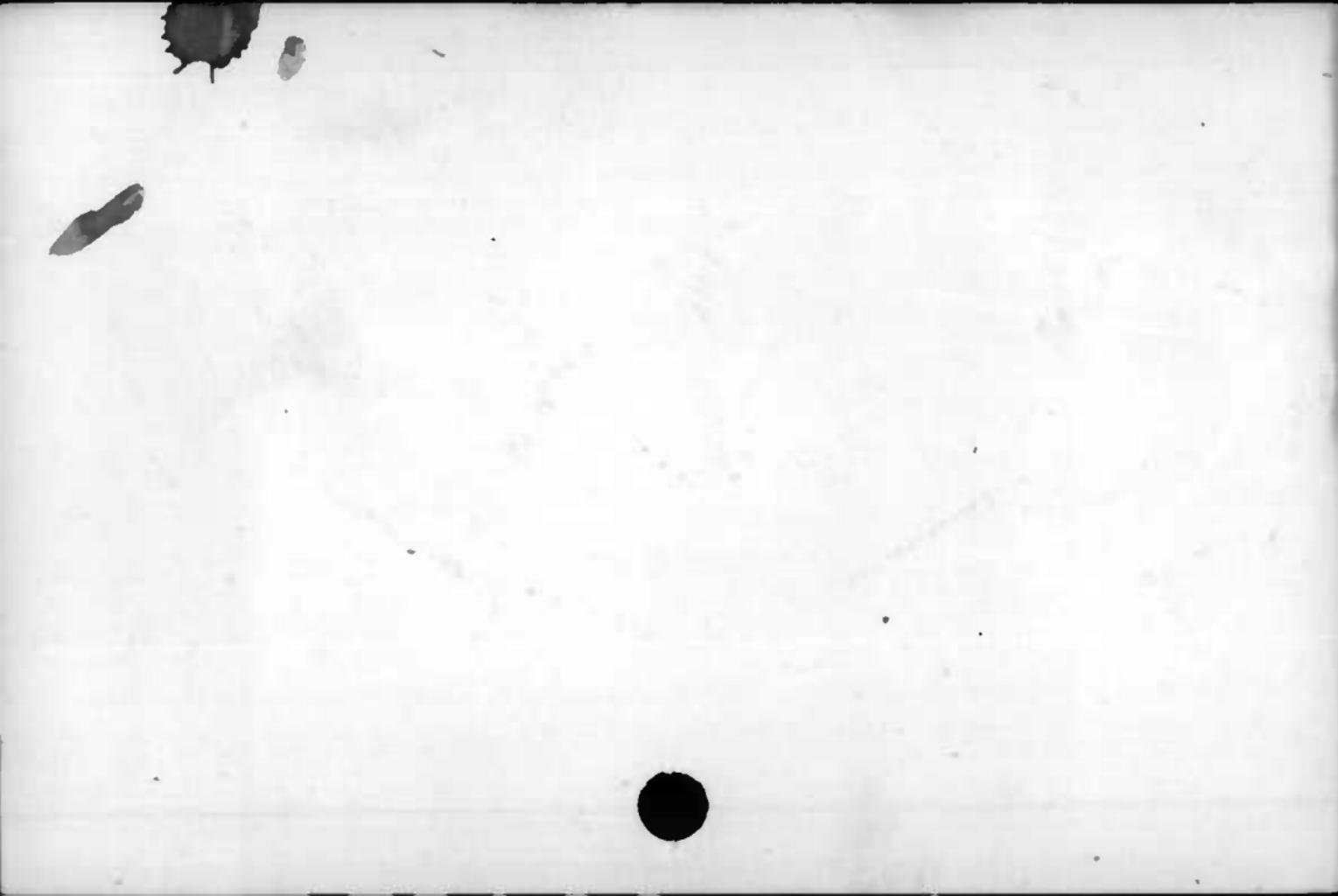
Address

Joseph W. Rawlings, Acting Coroner

North Keys, Md.

Accident or Suicide?

suicide



Name
in
Full

Patrick Bond

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	1907	Month 7	Day 26	Age 18	Years	Months	Days
Sex	Male	Color or Race	Color	Where Residing if not at place of death	Birth-place	Maryland	
Occupation	Labourer				Maryland		
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Edward Bond				Father's Birthplace	Maryland	
Mother's Maiden Name	Ann Maldoff				Mother's Birthplace	Maryland	
Name of person giving Information	J. C. Holloman				How related to deceased	Brother in law	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Acute Indigestion
Immediate Earthen floor

How long

1. day

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

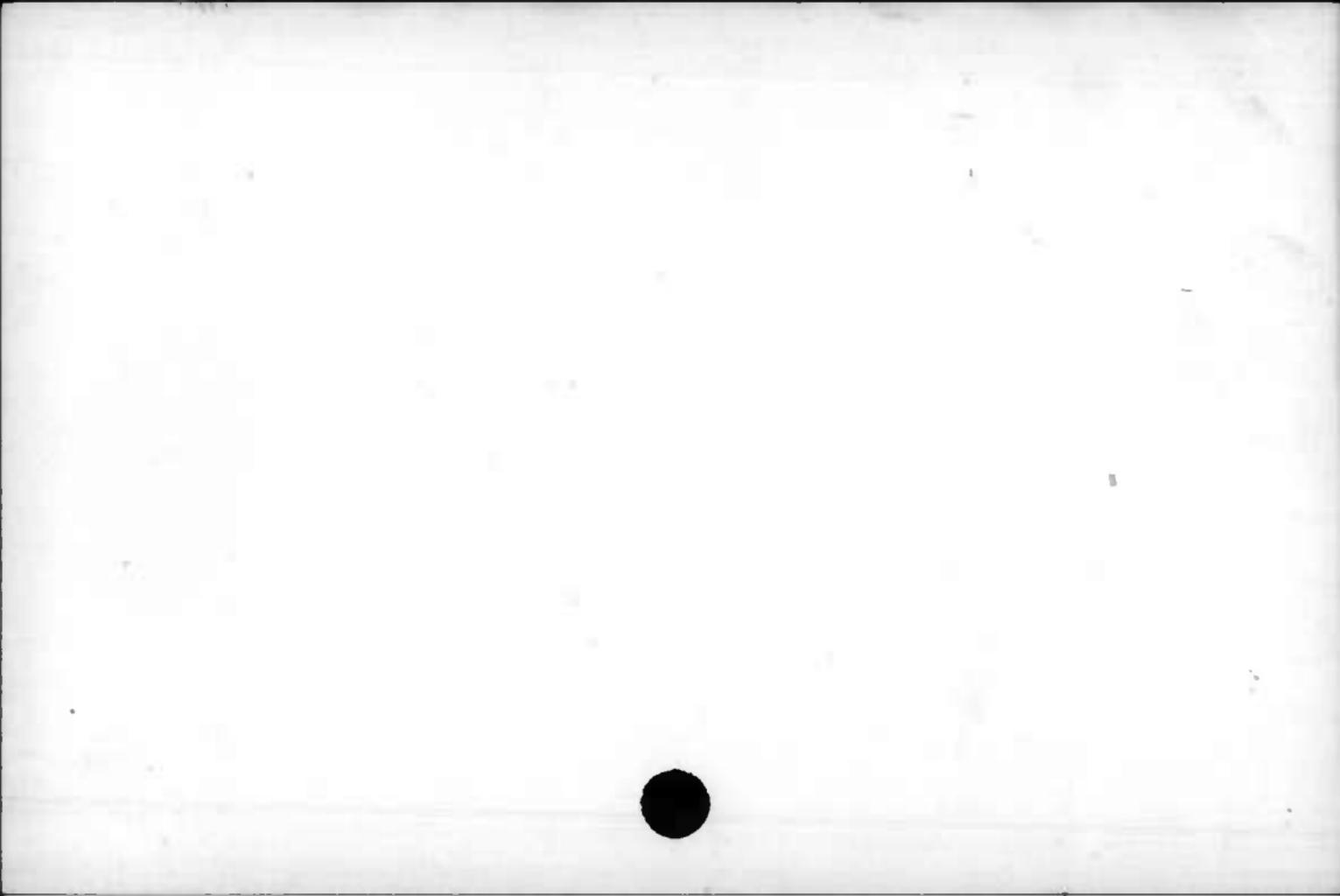
Address

H. Martin Bond M. D.

Aquasco, Md.

Yes

Accident or Suicide?



Name
in
Full

Mary Adeline Bowen

CERTIFICATE OF DEATH

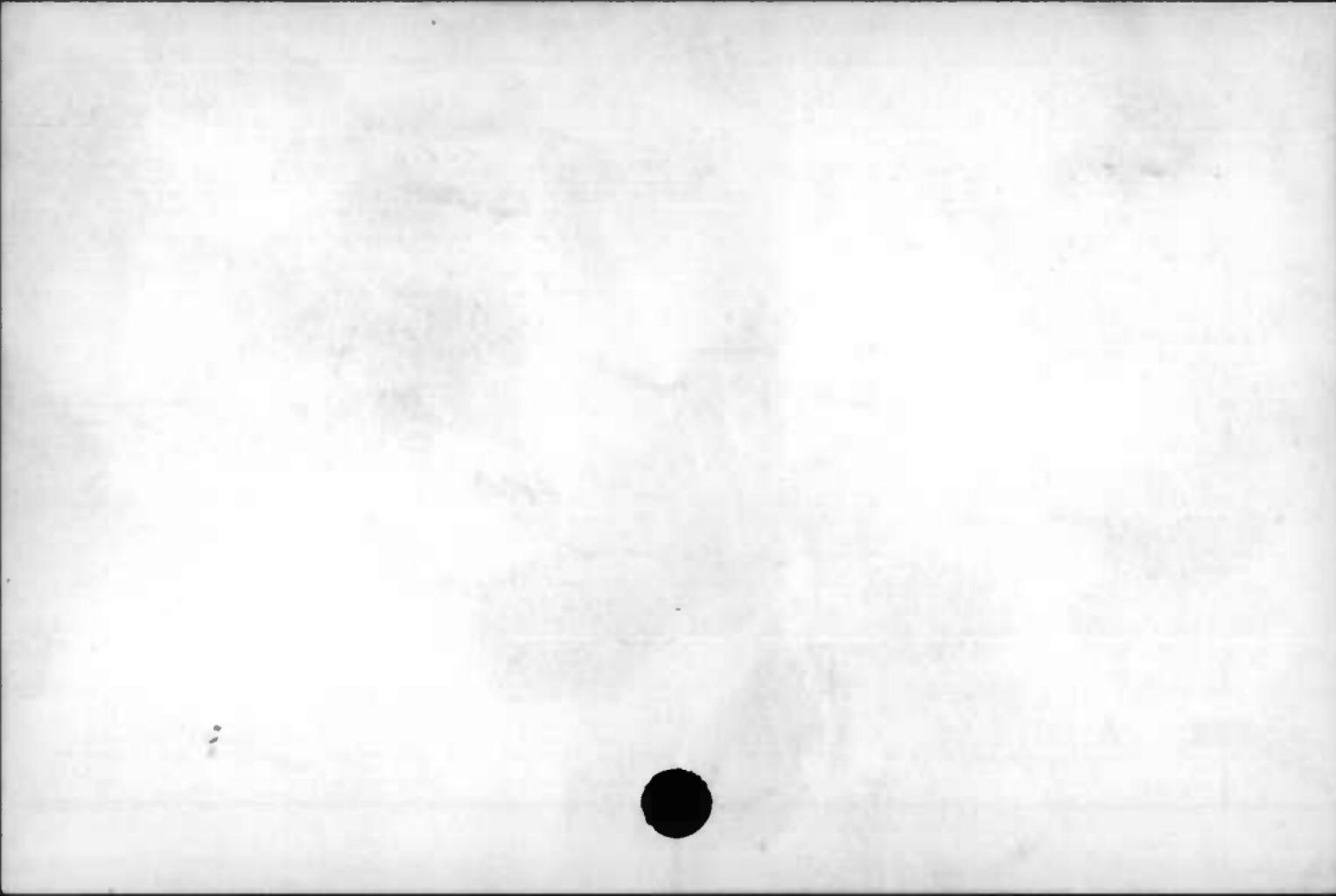
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1907	Month July	Day 22	Years —	Months 6	Days —
Sex	female	Color or Race	Black	Birth-place	Bright Seat	
Occupation	Where Residing if not at place of death					—
Married, Single or Widowed	Name of Wife or Husband					—
Father's Name	William Bowen					Father's Birthplace Md.
Mother's Maiden Name	Alice Cooper					Mother's Birthplace Md.
Name of person giving information	Father					How related to deceased Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus		179	How long About 3 months
Immediate	Exhaustion			How long About 2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. A. Schoonover	
		Address	Banning D. C.	
Accident or Suicide?				



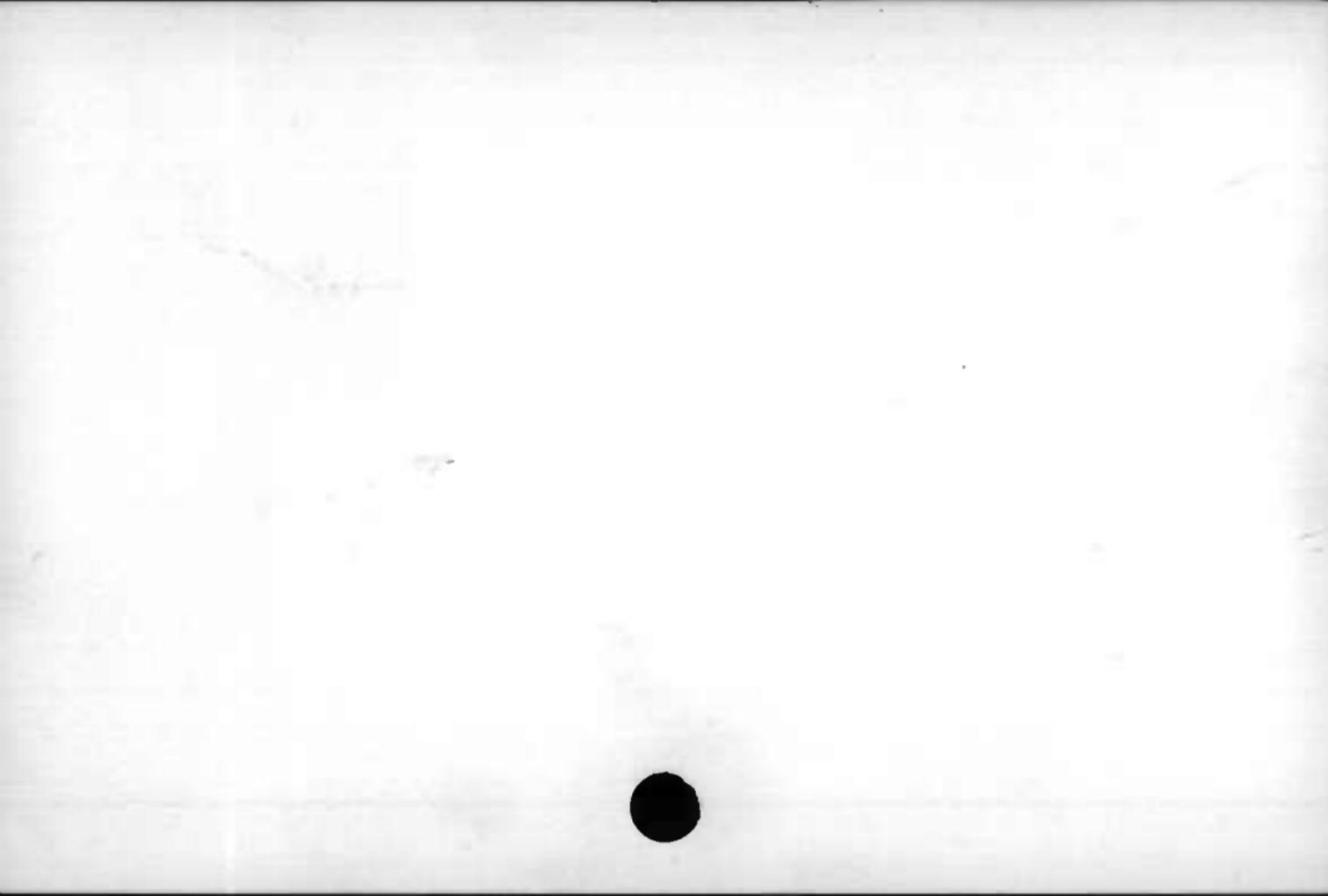
<i>Mary M. Brady</i>					CERTIFICATE OF DEATH		
Died at <i>near Marlboro</i>		Town	<i>Pr. Leon</i>		County	MARYLAND	
Date of death	1907	Month	July	Day	7	Years	35
Age			Color or Race	white -		Months	Days
Sex	<i>Female</i>		Occupation	<i>Housewife</i>		Birth-place	<i>A.A.C. Md.</i>
				Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>J. Norman Brady</i>		Father's Birthplace	<i>A.A.C. Md.</i>
Father's Name	<i>Dr. H. Holland</i>				Mother's Birthplace	<i>A.A.C. Md.</i>	
Mother's Maiden Name	<i>Slipps</i>				How related to deceased	<i>Husband</i>	
Name of person giving information	<i>J. Norman Brady</i>				How long	<i>6 mos.</i>	
CAUSES OF DEATH							
Primary	<i>Tuberculosis intercurrent</i>						
Immediate	<i>Yes</i>						

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

*L. A. Griffith*Address
Upper Marlboro Md

Accident or Suicide?



Name
in
Full

Hora Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Clinton		Town	P.G.	County	MARYLAND	
Date of death 1907	Month July	Day 23	Age 17	Years	Months	Days
Sex Female	Color or Race Negro	Where Residing if not at place of death		At home		
Occupation Domestic						
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		
Father's Name John W. Brown				Mother's Birthplace		
Mother's Maiden Name Agnes Brown				How related to deceased		
Name of person giving information		Alice Brown		Sister		

CAUSES OF DEATH

27

How long

How long

7. Acute appendicitis + fever 7 weeks
Immediate Paralysis + exhaustion 2 weeks

Are the name, age, sex, color, date and place correctly given above?

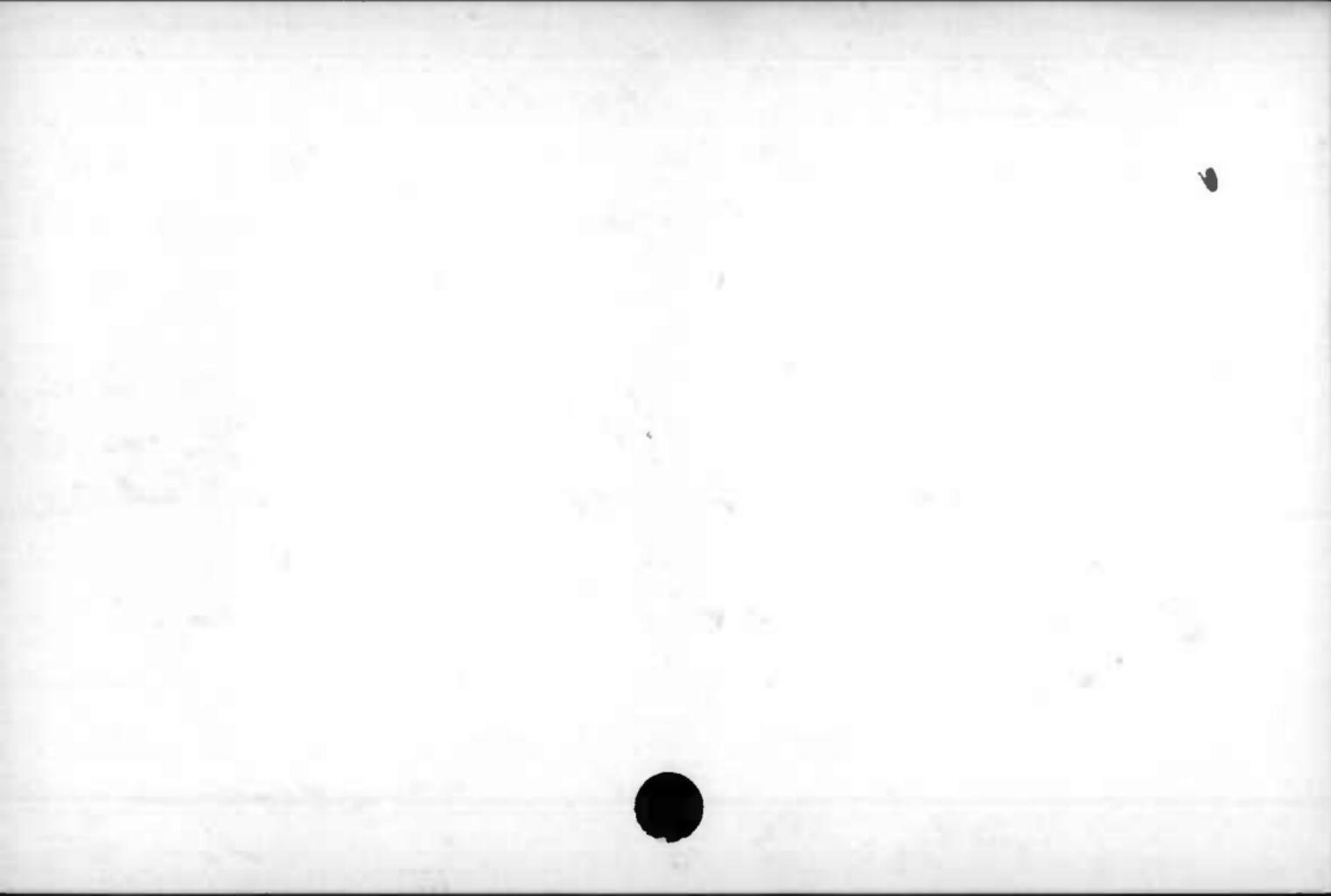
Yes

Signature of Physician

Address

J. L. Weaving
Clinton
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Landover		Town Landover		County Prince George		MARYLAND	
Date of death 1907	July	Month July	Day 1 st	Years —	Months 5	Days 20	
Sex male	Color or Race Tealane	Birthplace Landover Md					
Occupation none	Where Residing if not at place of death						
Married, Single or Widowed Single	Name of Wife or Husband —	Father's Birthplace Pr George Md					
Father's Name Joseph F. Brown	Mother's Birthplace Pr George Md						
Mother's Maiden Name Lounsu	How related to deceased Father						
Name of person giving Information Joseph Brown							

CAUSES OF DEATH

Primary

Tuberculosis

93

How long

9 days

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. F. Willis

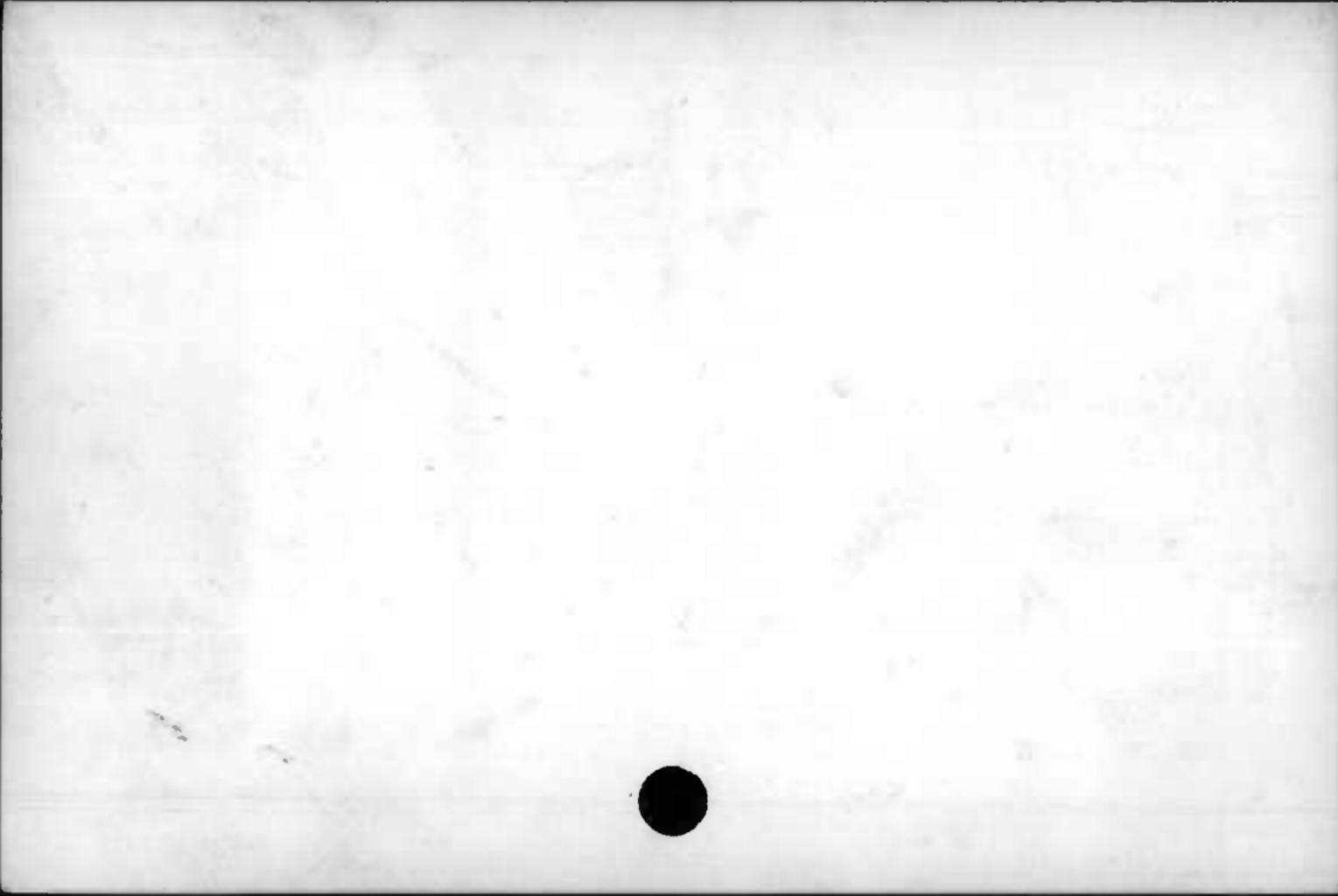
H. F. Willis

Landover

PHYSICIAN
OR CORONER

Accident or Suicide?

no



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Bradford Burnside

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	July	25 th	51		7	
Sex	Male	Color or Race	white	Birth-place		
Occupation	Clerk	Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	Ann Wood: Burnside			
Father's Name	J. O. P. Burnside		Father's Birthplace	Don't Know		
Mother's Maiden Name	Ann August Smith		Mother's Birthplace	Don't Know		
Name of person giving information	Harold C. Burnside		How related to deceased	Son		

CAUSES OF DEATH

Primary

Paralysis

66

How long

17 days.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

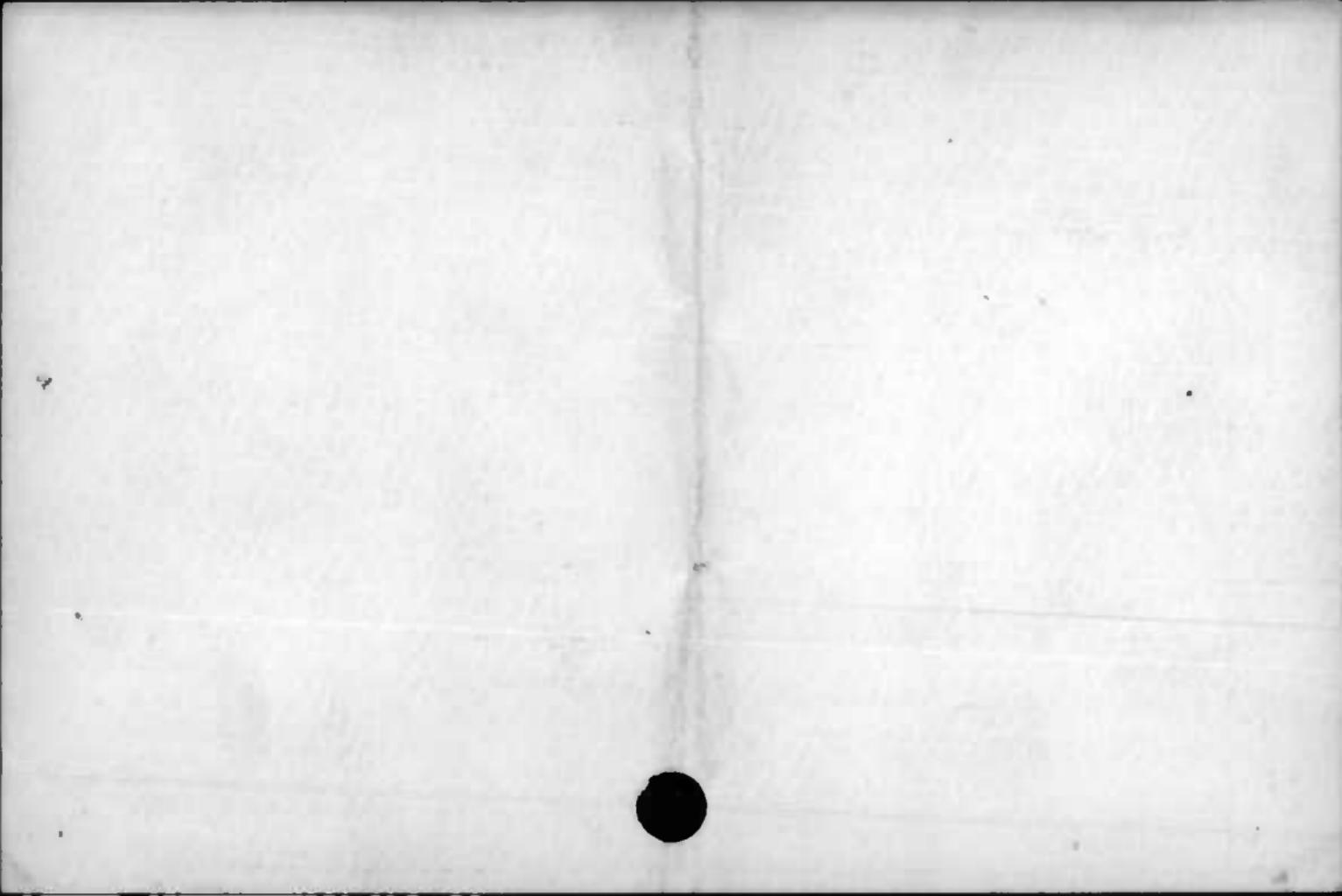
Address

Dr. Willis

Hagerstown

Accident or Suicide?

no



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at	Muskirk		Burton		County		Prince George		MARYLAND	
Date of death	1907	Month July	Day 30th	Age	Years	Months	2	Days	22	
Sex	Male		Color or Race	white		Birth-place	Muskirk			
Occupation	Where Residing if not at place of death									
Married, Single or Widowed			Name of Wife or Husband							
Father's Name	W. H. Burton				Father's Birthplace	Baltimore				
Mother's Maiden Name	Amy Hopkins				Mother's Birthplace	Bowie				
Name of person giving information	Wm H. Burton				How related to deceased	Father				

CAUSES OF DEATH

Primary

Cholera Infantum

How long

2 weeks.

Immediate

105°

How long

Are the name, age, sex, color, date and place correctly given above?

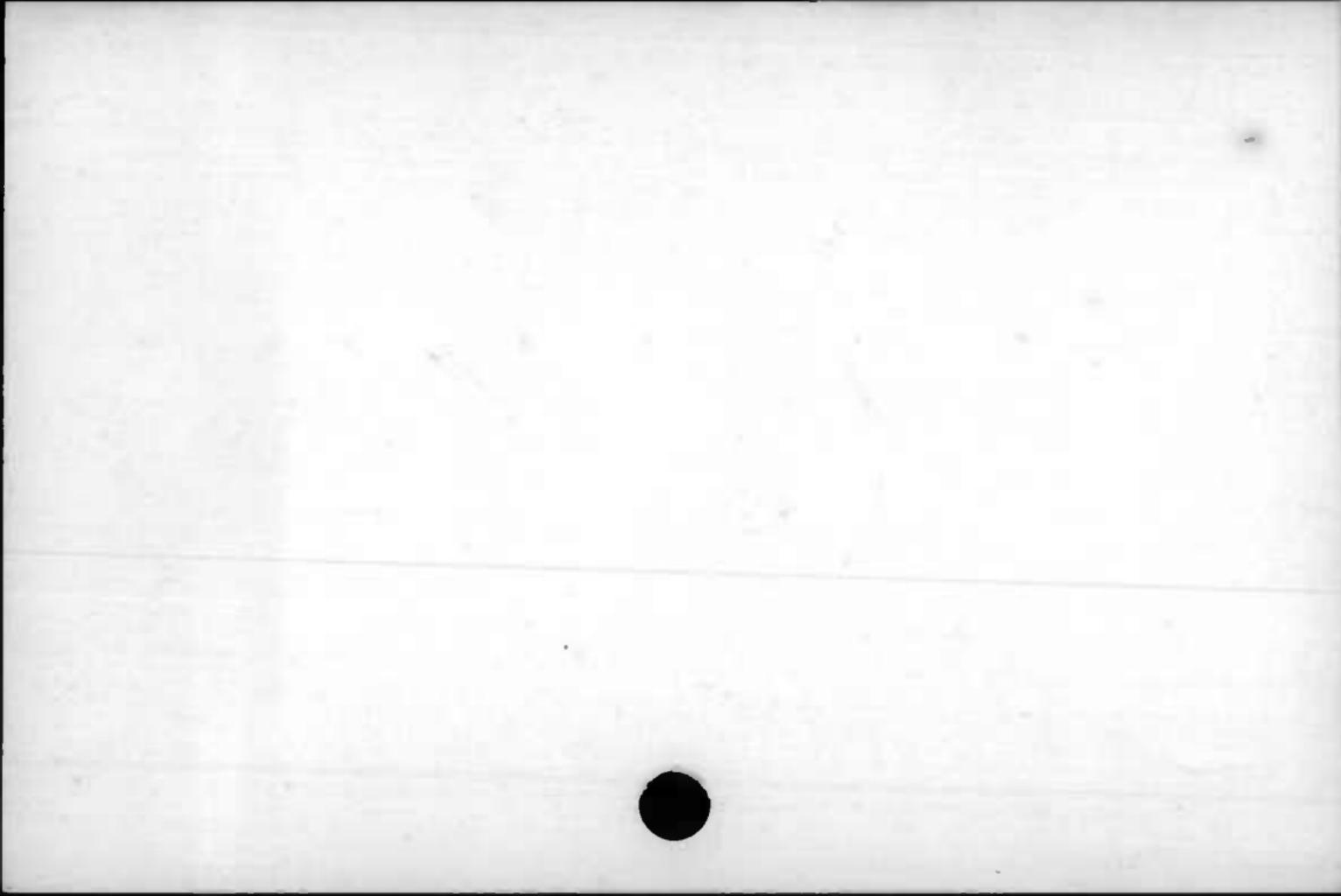
yes

Signature of Physician

Address

J. H. Smith
Laurel
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

not named. Cohen				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
1907	July	26	Age	20			
Sex	female	Color or Race	white				
Occupation	Wife	Where Residing if not at place of death			Oakmont, Pa. Gl. Md.		
Married, Single or Widowed	Wife	Name of Wife or Husband					
Father's Name	John Cohen -			Father's Birthplace	Wisconsin		
Mother's Maiden Name	Eliza Gibby			Mother's Birthplace	N. C.		
Name of person giving Information	John Cohen			How related to deceased	father		

CAUSES OF DEATH

152

How long

How long

3 day

6 hour

PHYSICIAN
OR CORONER

Primary

hemorrhage from navel

Immediate

asthma

Are the name, age, sex, color, date and place correctly given above?

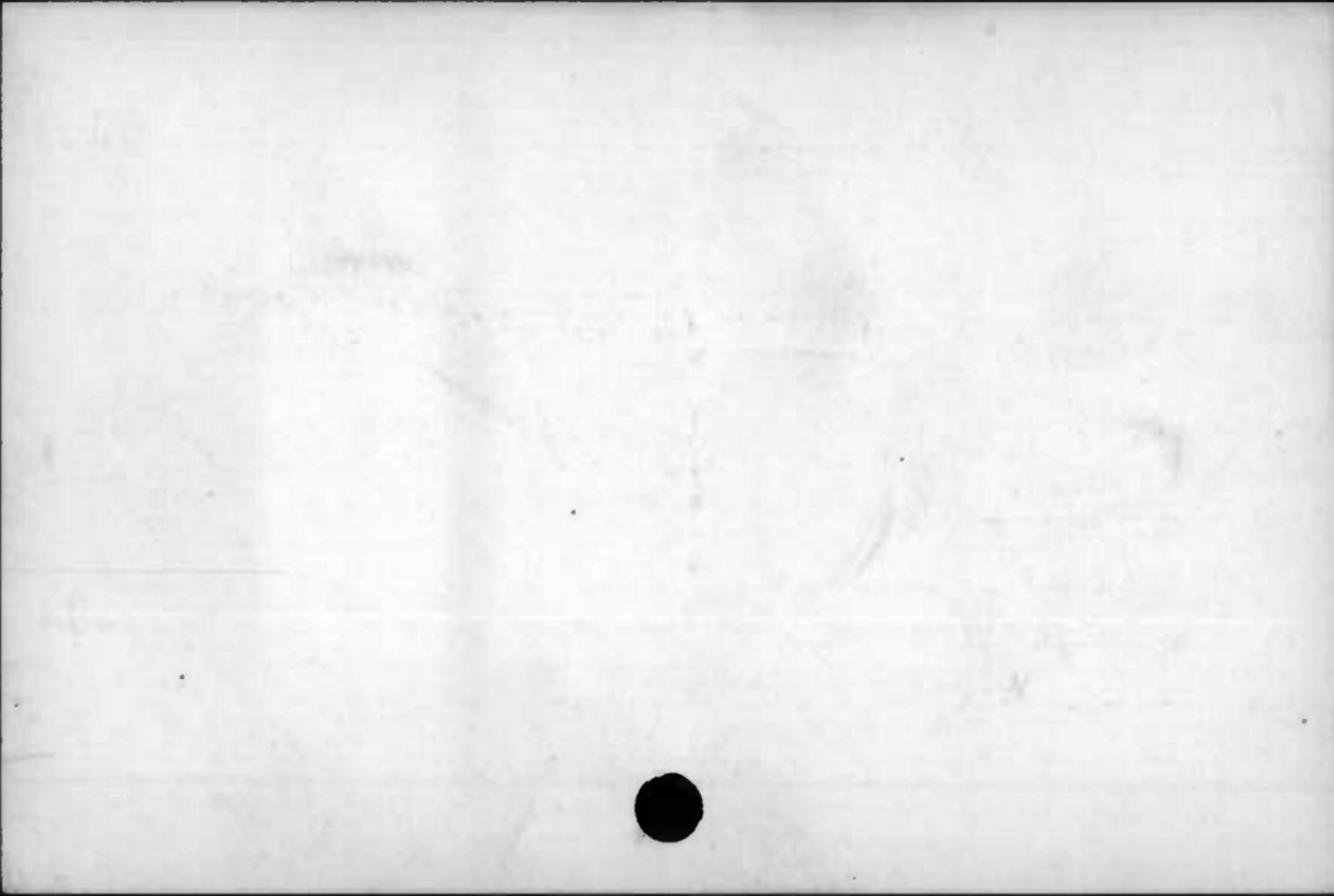
yes

Signature of Physician

Address

J. M. Brady M.D.
Reservoir Hill, N.Y.

Accident or Suicide?



Name
in
Full

Bettie G. Conway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Markirk

County
Pr. Geo

MARYLAND

Date
of death 1907

Month
July

Day
17

Years
5

Months
3

Days
12

Sex

Color or
Race

Age
Black

Birth-
place

Markirk

Occupation

Child

Where Residing if not
at place of death

Markirk

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Joseph St. Conway.

Father's
Birthplace

Virginia

Mother's
Maiden Name

Matilda Brown

Mother's
Birthplace

Maryland

Name of person giving
Information

Joseph St. Conway

How related
to deceased

Father

CAUSES OF DEATH

1

Primary

Typhoid Fever

How long

2 weeks

Immediate

Meningitis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

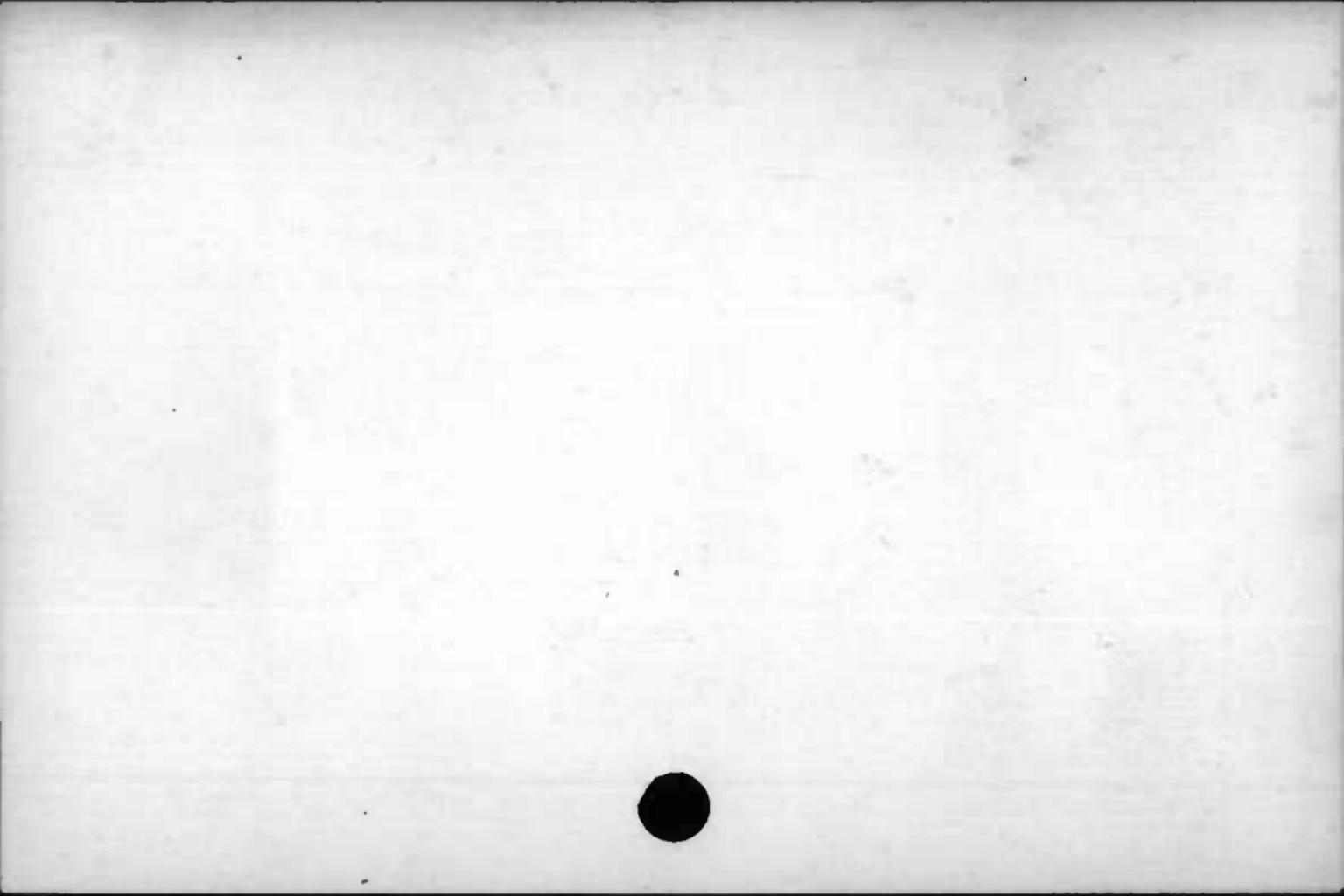
Signature of
Physician

Address

JR Hunt MD
Laurel

PHYSICIAN
OR CORONER

Accident or Suicide?



Chas A. Cook -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	Prince George's		County	MARYLAND	
Date of death	1907	Month	25	Day	Years	Months	Days
Sex	Male	Color or Race	White		Birth-place	New York	
Occupation	Engineer	Where Residing if not at place of death			Balto. Md		
Married, Single or Widowed	Name of Wife or Husband		Robinson			Father's Birthplace	
Father's Name	Robinson		Robinson			Mother's Birthplace	
Mother's Maiden Name	Robinson		Robinson			How related to deceased	
Name of person giving information	68						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Manic - Depressive insanity

How long

Immediate

Acute Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

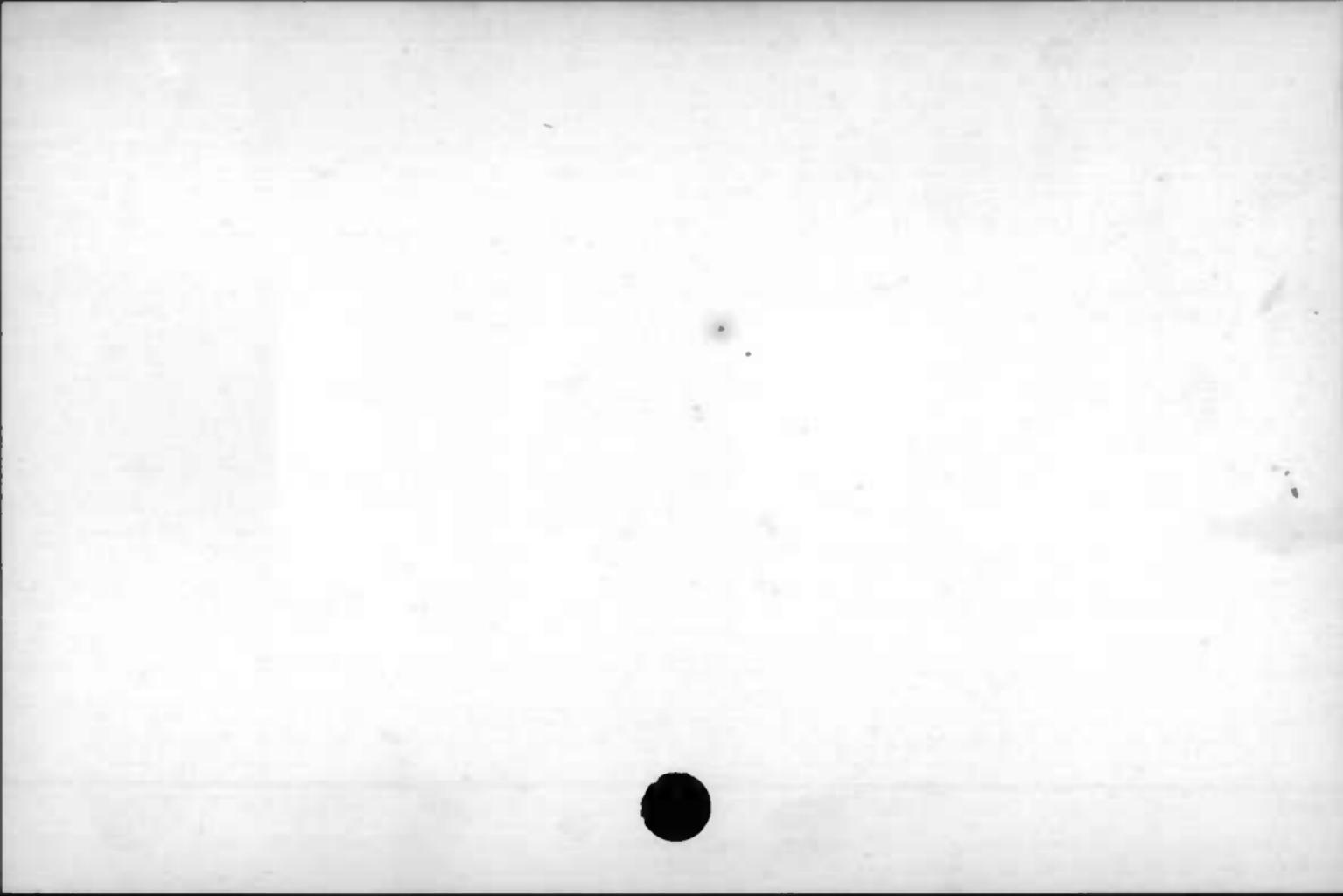
Signature of Physician

Address

Accident or Suicide?

No.

Jesse Coggins
Samuel
Maryland



Name
in
Full

Amelia Crosby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Marlboro.	County D. C. Co.	MARYLAND	
Date of death	Month 1907 July	Day 5	Years —	Months 1
Sex Female	Color or Race white	Age —	Days 9	Days Upper Marlboro
Occupation None	Where Residing if not at place of death			
Married, Single or Widowed —	Name of Wife or Husband —			

Father's Name Wilson Crosby	Father's Birthplace A. A. Co.
Mother's Maiden Name Jones	Mother's Birthplace D. Geo Co.
Name of person giving Information Wilson Crosby	How related to deceased Sister

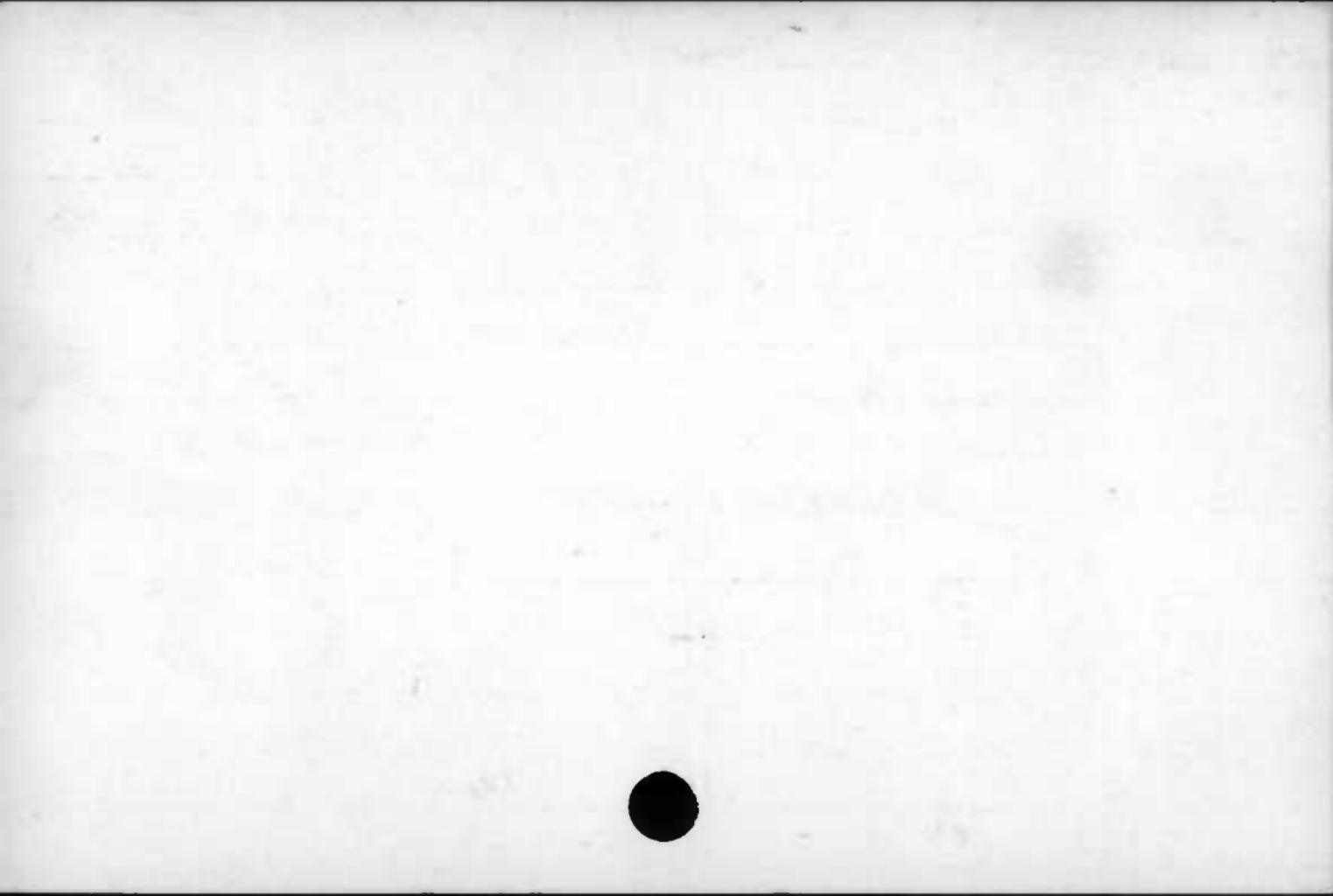
CAUSES OF DEATH

105

Primary Cholera Infantum	How long 5 days.
-----------------------------	---------------------

PHYSICIAN
OR CORONER

Immediate	Signature of Physician H. Griffith
Are the name, age, sex, color, date and place correctly given above? Yes	Address Upper Marlboro, Md.
Accident or Suicide?	



Name
in
Full

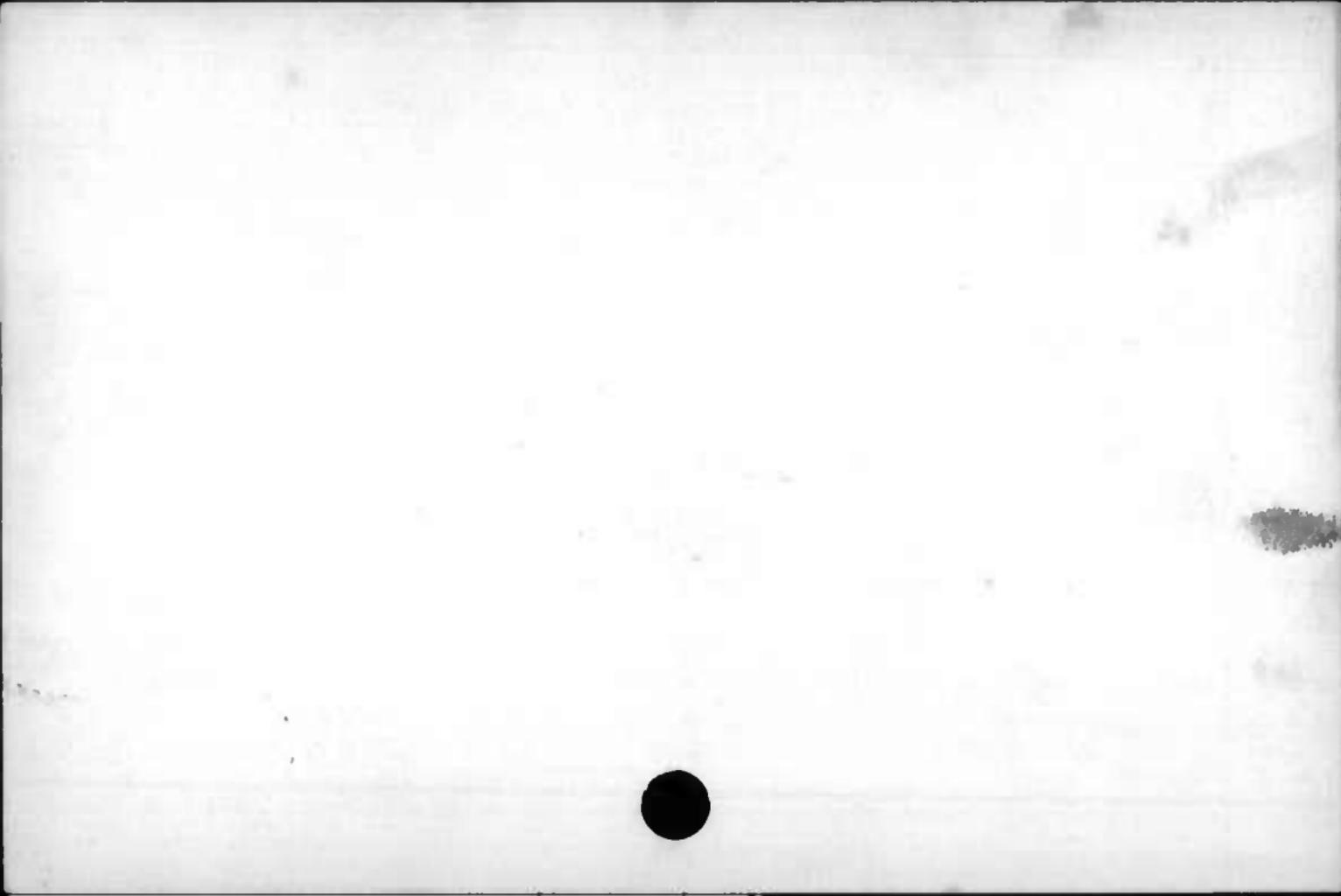
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William H. Diggs				County	
Died at	Town	Month	Day	Years	Months
Date of death	1907	July	27	Age	Days
Sex	Male	Color or Race	Colored		
Occupation	None			Where Residing if not at place of death	
Married, Single or Widowed	Single			Name of Wife or Husband	
Father's Name	Henry Diggs			Father's Birthplace	
Mother's Maiden Name	Mary Watson			Mother's Birthplace	
Name of person giving information	Henry Diggs			How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Gastro-Enteritis	(105)	How long
	Immediate	Enteritis		3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	How long
			Address	W. H. Gibbons Crown Md.
Accident or Suicide?				



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

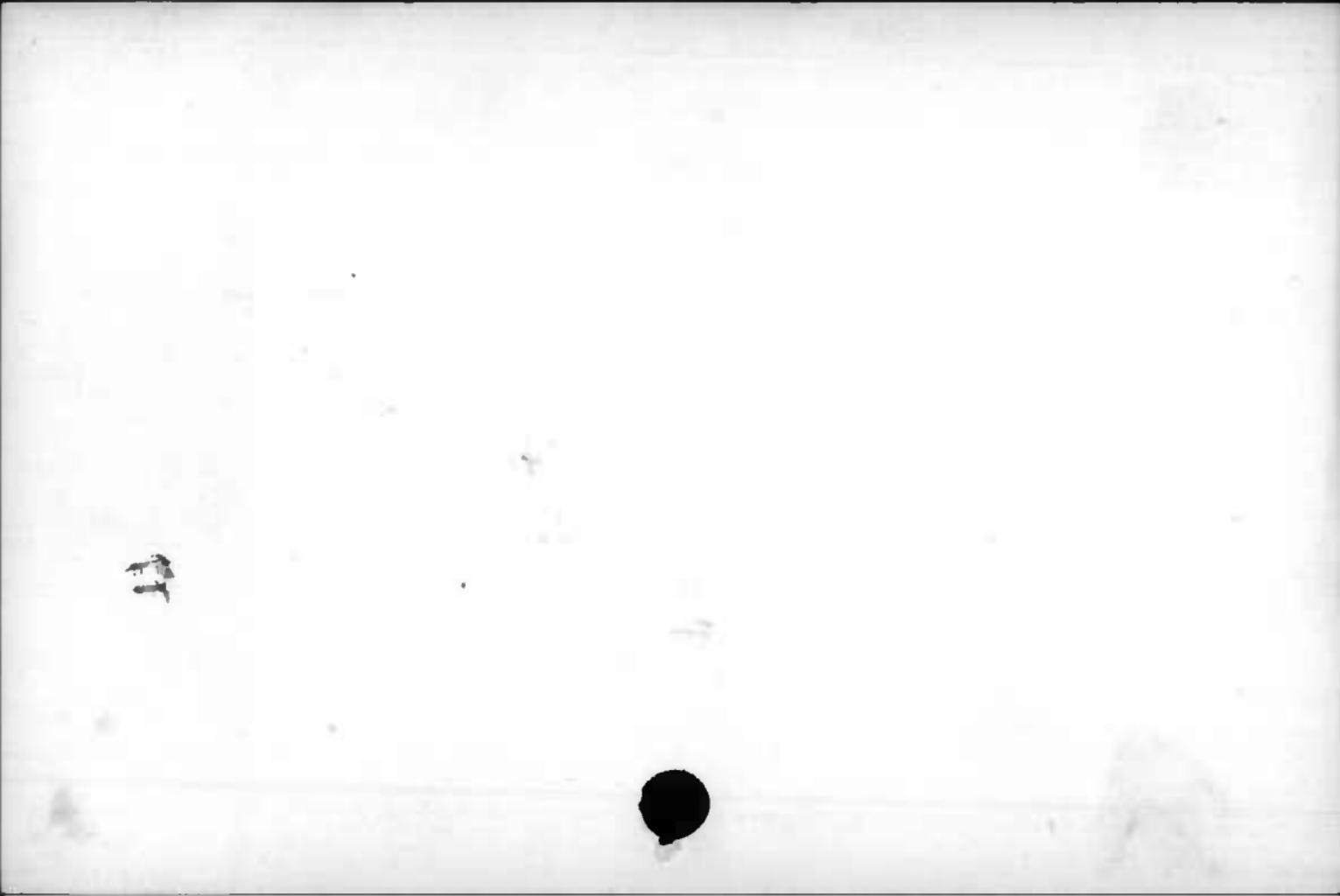
Died at <u>Aquasco</u> Town			County <u>Prince George</u>			MARYLAND	
Date of death <u>1907</u>	Month <u>7</u>	Day <u>12</u>	Age <u>1</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>Colored</u>			Birth-place <u>Aquasco Md</u>			
Occupation	Where Residing if not at place of death <u>Aquasco Md</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband			Father's Birthplace <u>Maryland</u>			
Father's Name <u>Robert Duckett -</u>				Mother's Birthplace <u>"</u>			
Mother's Maiden Name <u>Lozette Don glass</u>				How related to deceased <u>None</u>			
Name of person giving information <u>R. Magruder</u>							

CAUSES OF DEATH

Primary	14	How long
Immediate <u>Dysentery</u>		4 days -
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
<u>Yes -</u>	Address	
Accident or Suicide?		

*Jos. S. Fowler. sub. reg.
Baden. Md.*

PHYSICIAN
OR CORONER



Name
in
Full

Henry P Dutton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1907	Month July	Day 23 rd	Years	Months
Sex male	Color or Race white	Birth-place P. S. C. M. D.	Days	
Occupation none	Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband			
Father's Name Charles P Dutton	Father's Birthplace Delaware			
Mother's Maiden Name Florence Beaver	Mother's Birthplace Md			
Name of person giving information Charles P Dutton	How related to deceased Father			

CAUSES OF DEATH

179

Hour long

12 hours

How long

PHYSICIAN
OR CORONER

Primary

Natural Causes

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Augustus H Dahler
Henry Coroner
Bladensburg Md

Accident or Suicide?

Name
in
Full

Edward D. Echo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	64	Birth-place	Rockwood La	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	Mary E Echo		Father's Birthplace	Unknown	
Father's Name	Unknown		Unknown		Mother's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Unknown		How related to deceased	Unknown	
Name of person giving information							

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary

Carcinoma of the Retina

How long

one year

Immediate

Retina

How long

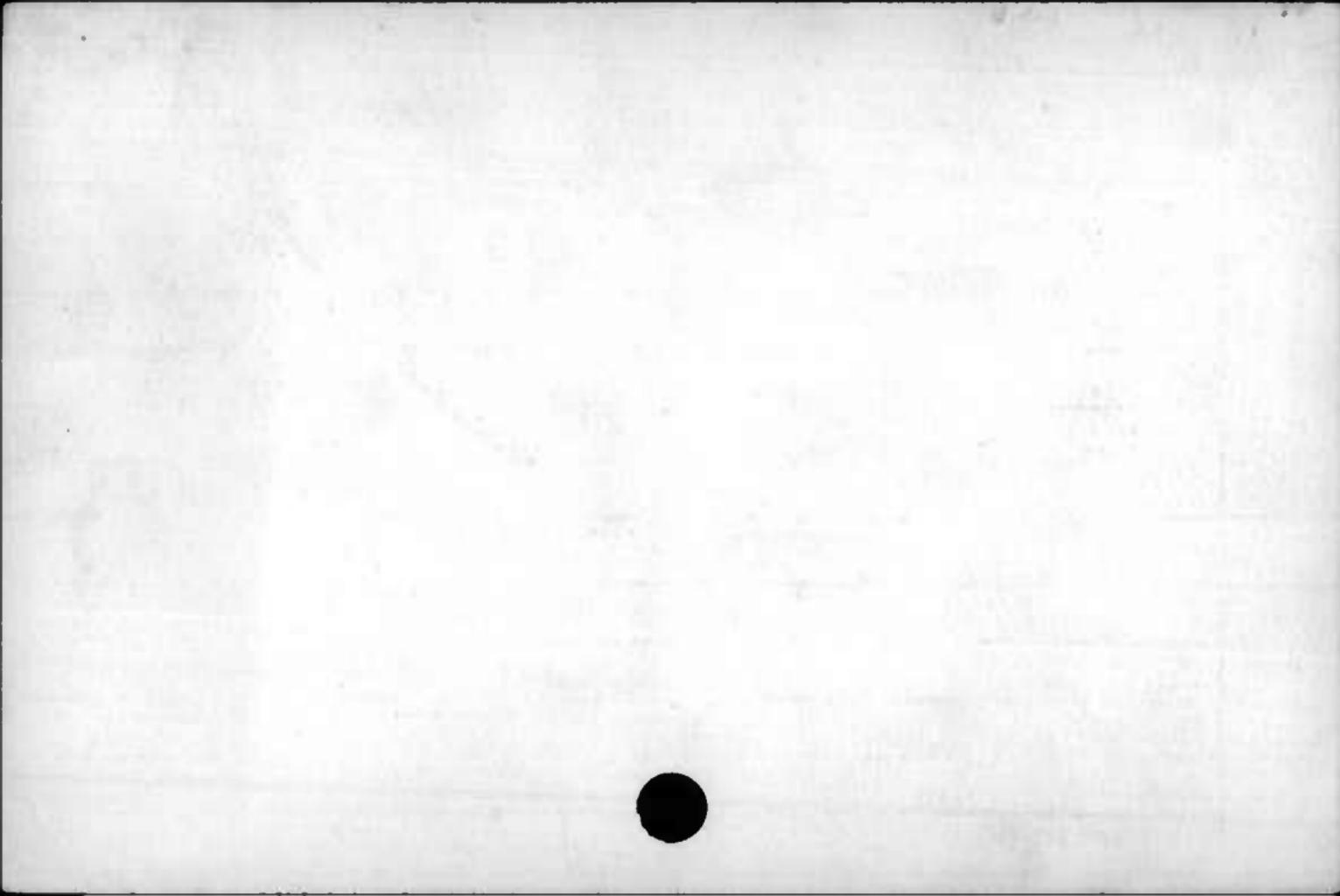
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Duvall M.D.
Springfield
Md.

Accident or Suicide?



Name
in
Full

Louie Ficklin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Hyattsville</u> Town		County <u>Prince George</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>20th</u>	Years <u>26</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Charleston S.C.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Geo E Ficklin</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Geo E Ficklin</u>		Father's Name <u>Geo Brackman</u>	Father's Birthplace <u>S.C.</u>	
Mother's Maiden Name <u>Don't Know</u>			Mother's Birthplace <u>S.C.</u>		
Name of person giving Information <u>Dotelle Miller</u>	How related to deceased <u>Friend</u>				

CAUSES OF DEATH

Primary

Tonsuuption

(27)

How long

Six months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

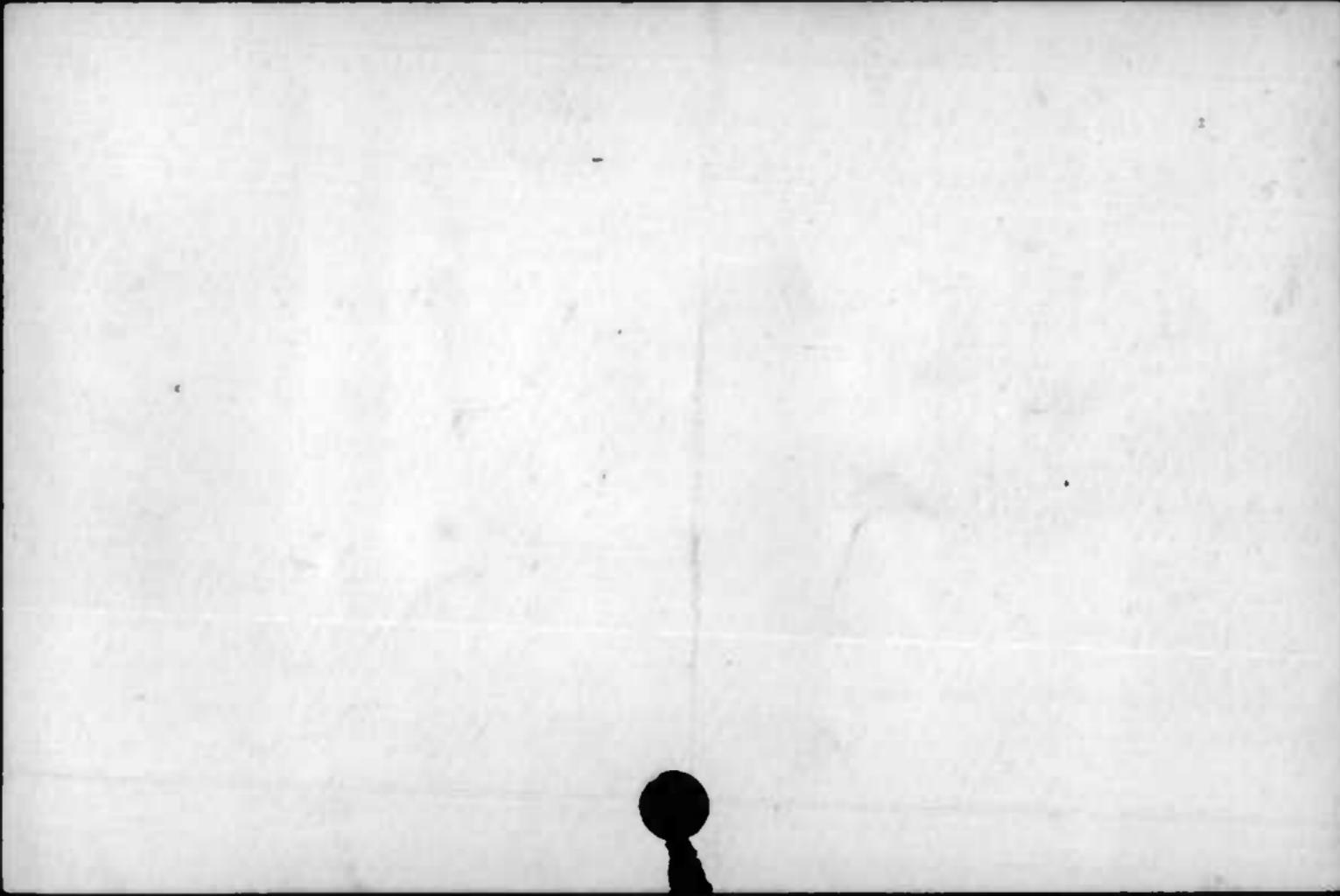
Signature of Physician

Address

J.T. Willis
Hyattsville

Accident or Suicide?

No



Name
in
Full

Robert Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month July	Day 6	Years 87	Months	Days	
Sex	Male	Color or Race	Color ad		Birth-place	Maryland	
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Martha Fletcher				
Father's Name	Don't Know		Father's Birthplace Maryland				
Mother's Maiden Name	Mary Garrison		Mother's Birthplace "				
Name of person giving Information	Mrs Fletcher		How related to deceased Son				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

~~KH Flesis Prolongalis~~

How long

Three years

Immediate

How long

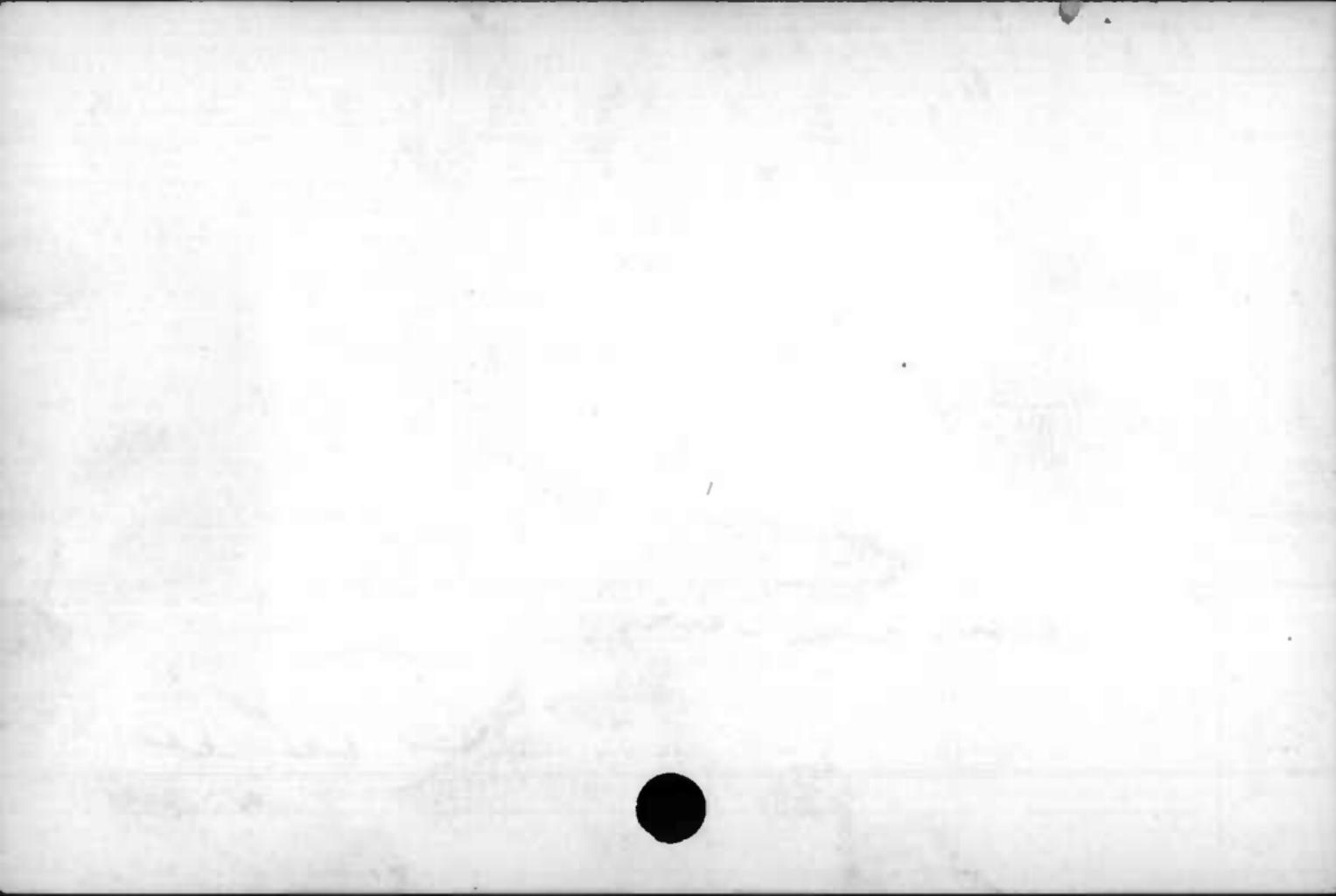
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

John Dowall M.D.
Springfield
Md.



Name
in
Full

Norman Fugitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	
Died at		W. Columbia	D.C.	
Date of death	1907	Month July	Day 16	Years
Sex	Male	Color or Race	White	Age
Occupation	House		Where Residing if not at place of death	D.C.
Married, Single or Widowed	Married		Name of Wife or Husband	
Father's Name	Jos. Fugitt		Father's Birthplace	W.D.
Mother's Maiden Name	Hutchinson		Mother's Birthplace	W.D.
Name of person giving information	Jos. Fugitt		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Decerebration

93

How long

5 days

Immediate

Decerebration

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John L. Leavitt
Colindale

Accident or Suicide?

Name
in
Full

Grace Glassco

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 7	Day 18	Years 60	Months	Days	
Sex	Female	Color or Race	Colored	Birth-place	Maryland		
Occupation	Housewife		Where Residing if not at place of death	Aquia, Maryland			
Married, Single or Widowed	Single		Name of Wife or Husband	Adam Glassco			
Father's Name	John Glassco		Father's Birthplace	Unknown			
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown			
Name of person giving information	Adam Glassco		How related to deceased	Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Pulmonary Tuberculosis
Immediate
Exhaustion

27

How long

2 yrs

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. Morton Bowen M.D.

Aquia, Md.

Accident or Suicide?



Name
in
Full

Mary W. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Clinton		Town	A.G.		County	MARYLAND	
Date of death 1907	Month July	Day 30	Age	Years	Months	Days	
Sex Female	Color or Race Negro	Where Residing if not at place of death				Birthplace	Med
Occupation house	At house						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name Frank Green			Father's Birthplace Med				
Mother's Maiden Name Estelle Jackson			Mother's Birthplace Med				
Name of person giving information	Frank Green		How related to deceased Father				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

suicide

How long

Immediate

supposed mania & her

How long

Are the name, age, sex, color, date and place correctly given above?

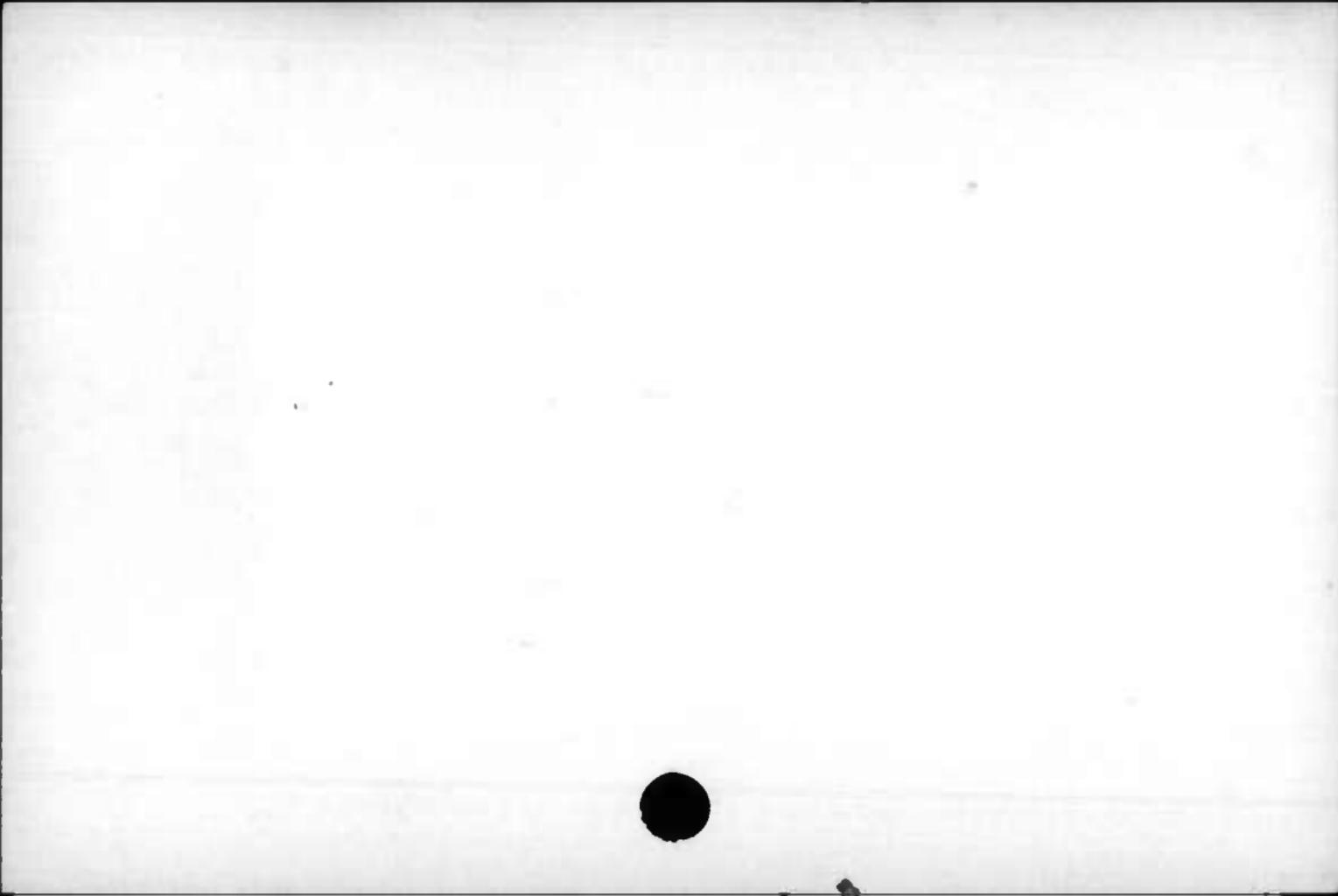
Yes

Signature of Physician

J. L. Leaming

Address Clinton

Accident or Suicide?



Name
in
Full

Ruth E. Gregoire

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Brentwood	Town	Pine George	County	MARYLAND		
Date of death	1907	Month	July	Day	29	Years	79
Sex	Female	Color or Race	white	Birthplace	4	Months	26
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Ruth Gregoire				
Father's Name	Elijah Martin	Father's Birthplace	N.J.				
Mother's Maiden Name	Mary Samuels	Mother's Birthplace	N.J.				
Name of person giving information	Martina Miller	How related to deceased	Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senile Gangrene* (142) How long *six months*

Immediate *Quarantine* How long *One month*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

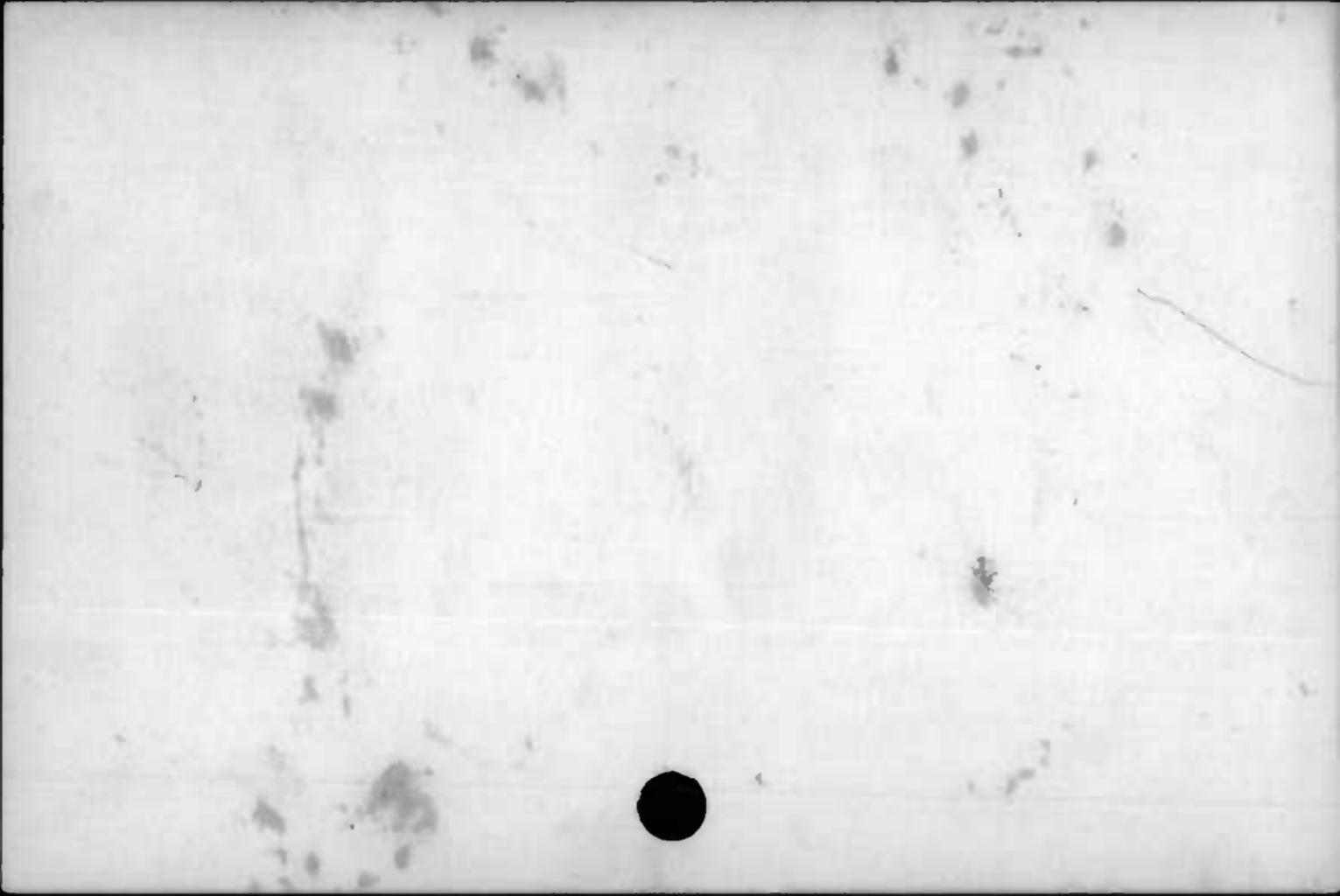
Address

Johns Dorsay

20 + R. I. Ave. N. E.

Washington D. C.

Accident or Suicide?



Name
in
Full

Elizabeth A. Harley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Town		County			
Date of death 1907	Month 7	Day 19	Age	Years	Months 1
Sex Female	Color or Race	Colored		Birth- place	Days 1
Occupation House	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William D. Harley		Father's Birthplace Md.		
Mother's Maiden Name	Elizabeth A. Proctor		Mother's Birthplace Md.		
Name of person giving Information	Dr. D. Harley		How related to deceased Father		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary _____

How long

Immediate

Infantile Convulsions 1 day

Are the name, age, sex, color, date
and place correctly given above?

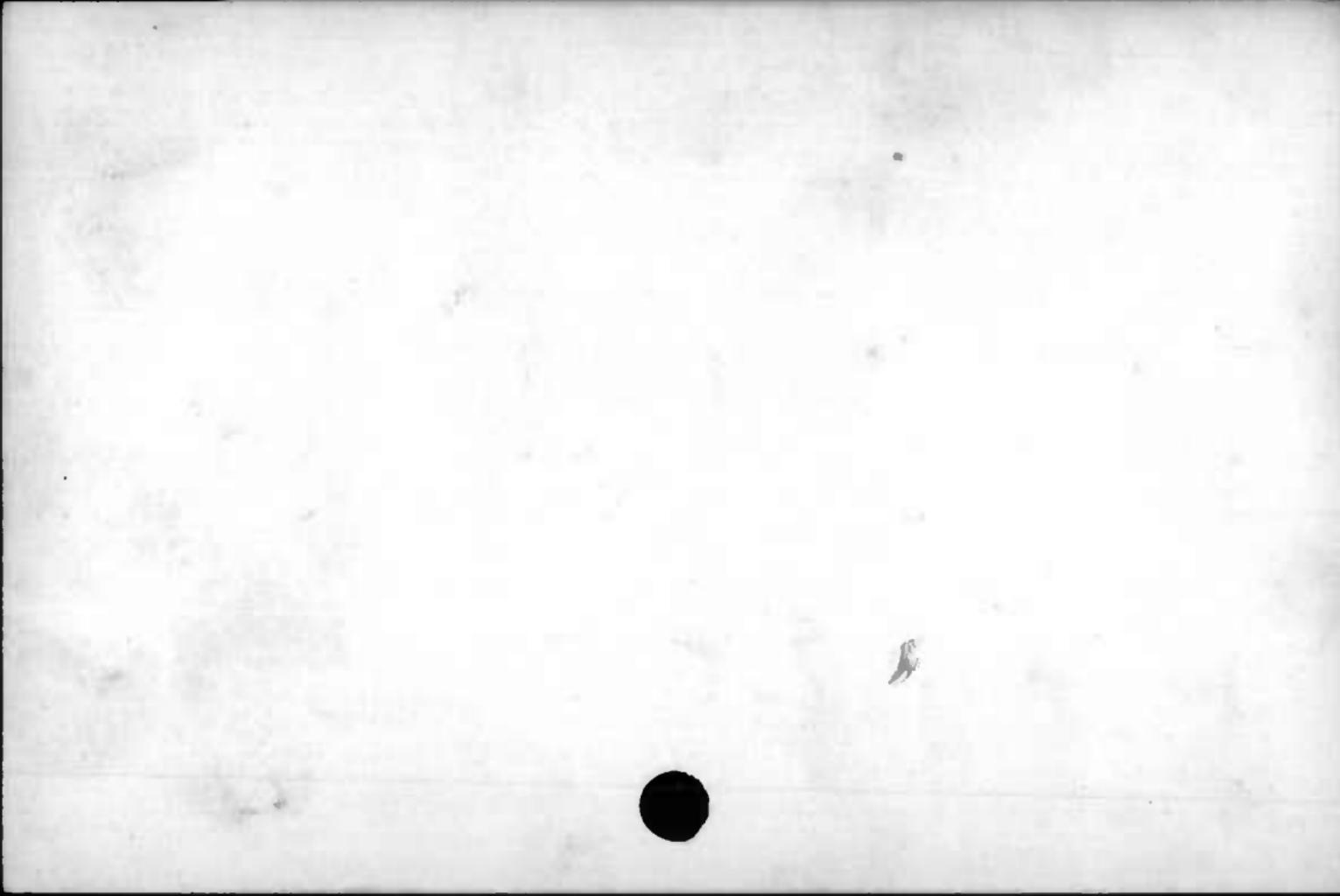
Yes

Signature of
Physician

Address

E. P. Simpson, M.D.
Rosecroft, Md.

Accident or Suicide? —



Name
in
Full

Franklin Pearce Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Seabrook	County	MARYLAND		
Date of death	Month	July	Age	Years	Months	Days
1907	6 th		54	1	26	
Sex	Color or Race	Male	White	Birthplace		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Railroad Track Foreman			
Married	Julia Virginia Harvey		James Newman Harvey			
Father's Name	Maryland					
Mother's Maiden Name	Sarah Ann Ridgeway					
Name of person giving Information	Basil E. Harvey +					
How related to deceased						
Brother						

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary

Paresis of Brain

How long

about 3 Months

Immediate

Suicide by Strangulation

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

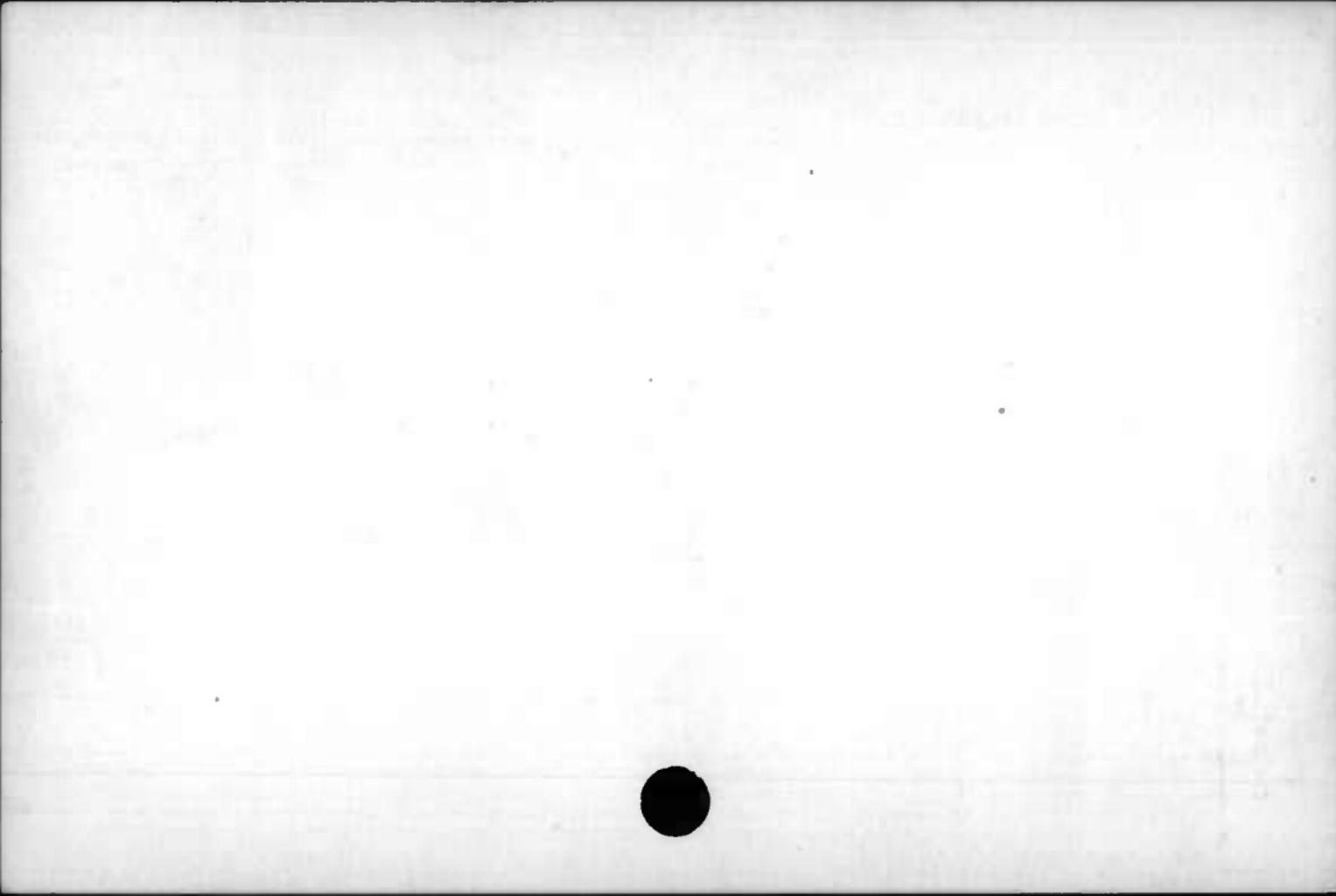
Geo MacDonald MD

1204 9 St N.W.

Washington DC

Was it Suicide?

Suicide



Name
in
Full

Robert Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>nearby Marlbaw</u>		Town <u>P.G.</u> County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	7	18	—	4		
Sex	Male	Color or Race	Black	Birth-place	P.G. - Gaithersburg	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charles E. Henderson					Father's Birthplace
Mother's Maiden Name	Mollie Randall					Mother's Birthplace
Name of person giving Information	Charles E. Henderson					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

105°

How long

7 Days

Immediate

Summer prostration

7 Days

Are the name, age, sex, color, date
and place correctly given above?

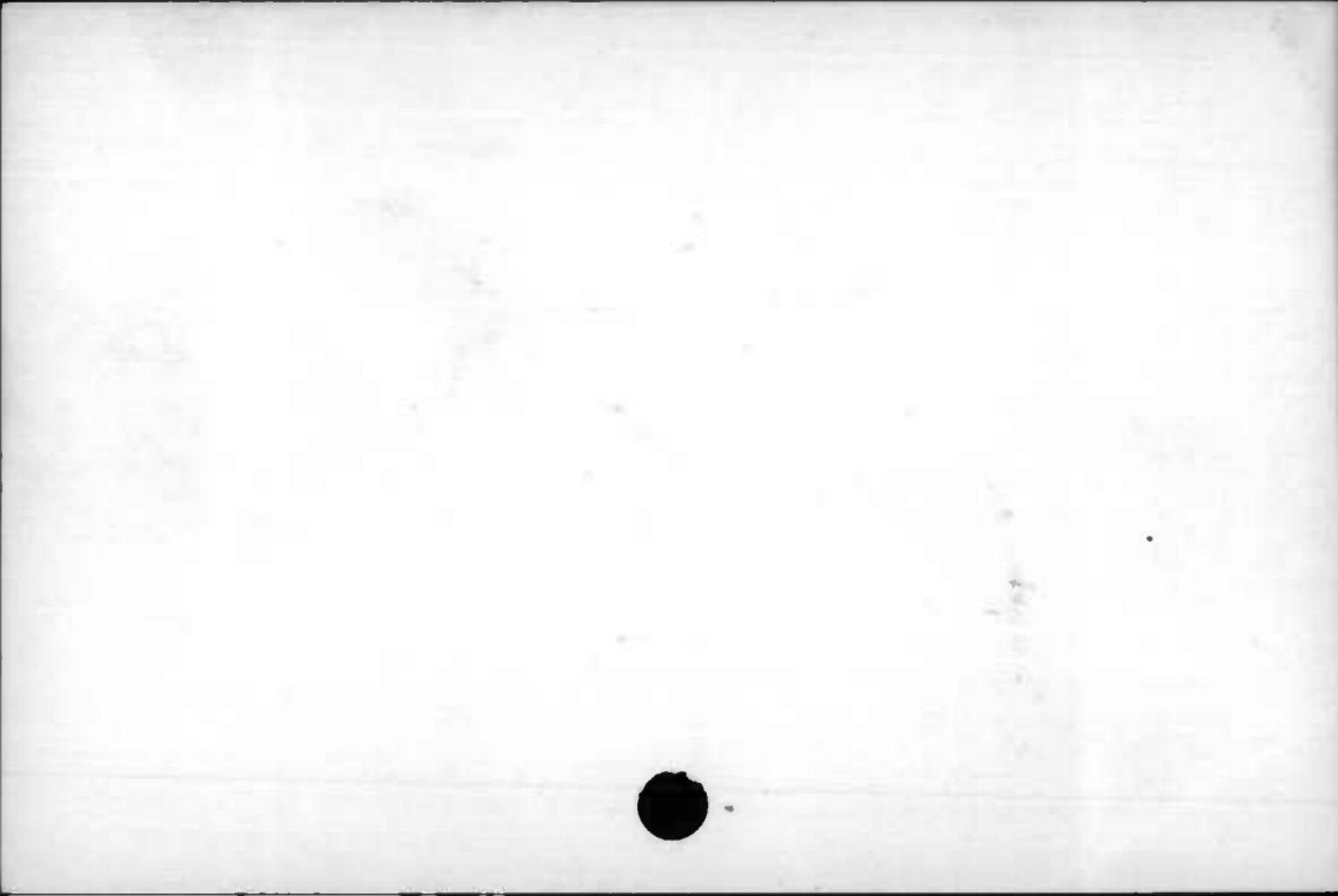
Yes.

Signature of
Physician

Address

J. E. Sandbury 86
Forestville
Md

Accident or Suicide?



Name
in
Full

Robert A. Halloway

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Bel Air</u>		Town	<u>A. S.</u>	County	MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>25</u>	Age <u>82</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>At home</u>		Birth-place <u>Bel Air</u>		
Occupation <u>House</u>	Name of Wife or Husband <u>—</u>	<u>Halloway</u>		<u>Bel Air</u>		
Married, Single or Widowed <u>Widowed</u>	Father's Name <u>Unknown</u>	<u>Halloway</u>		Father's Birthplace <u>Bel Air</u>	<u>Bel Air</u>	
Mother's Maiden Name <u>—</u>	Mother's Name <u>Halloway</u>	<u>Halloway</u>		Mother's Birthplace <u>Bel Air</u>	<u>Bel Air</u>	
Name of person giving information <u>Richard Halloway</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Found dead in bed

How long

9 hours

Immediate

179

How long

Three days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. L. Halloway
Bel Air
Md.

Accident or Suicide?

Name
in
Full

Archey Lummur.

CERTIFICATE OF DEATH

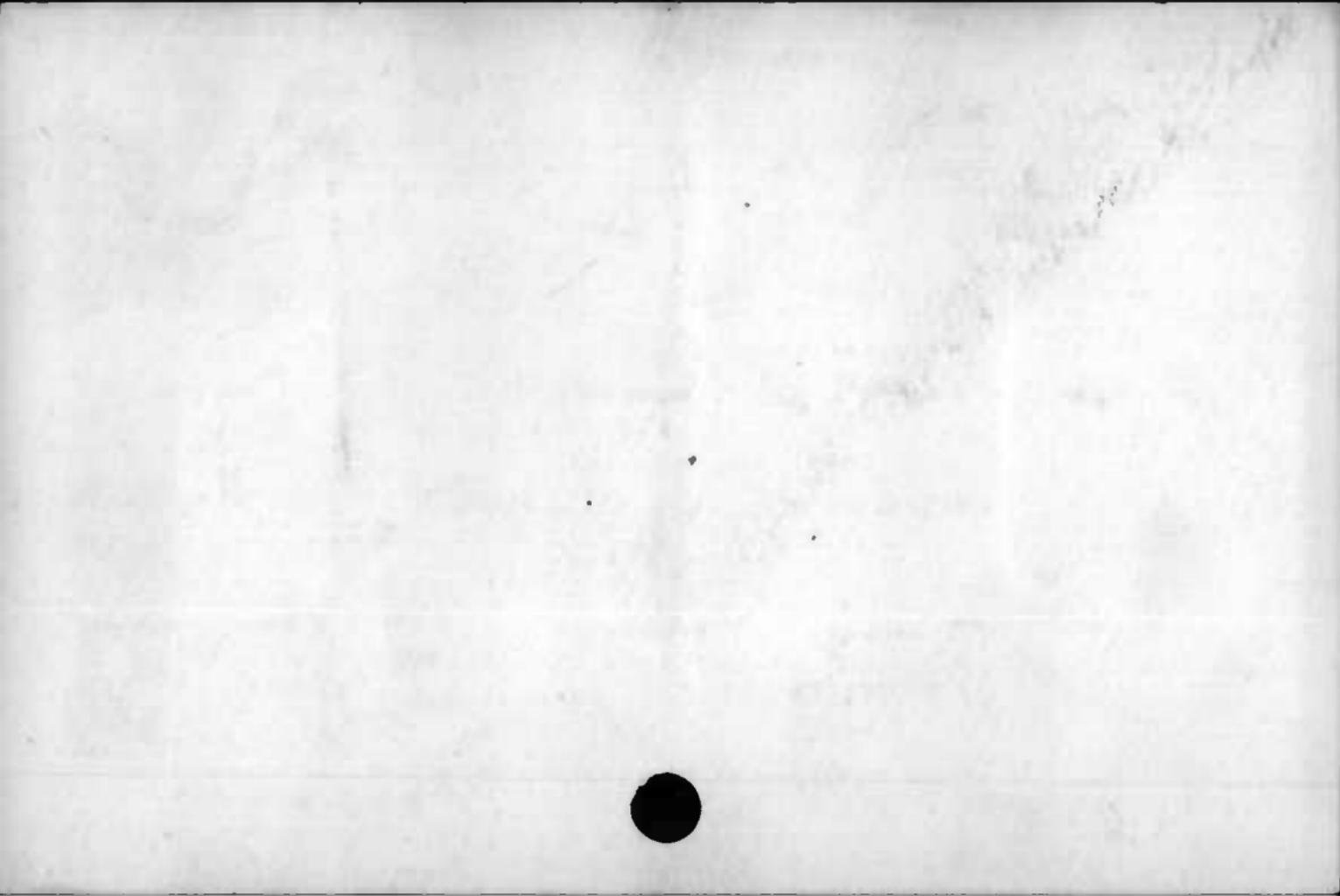
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lumbloov</u> <small>Town</small>		In <u>Pr</u> <small>County</small>		MARYLAND		
Date of death <u>1907</u>	Month <u>July</u>	Day <u>11</u>	Years <u>2</u>	Months <u>4</u>	Days <u>no</u>	
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Virginia</u>				
Occupation <u>none</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>none</u>					
Father's Name <u>Arthur Lummur</u>	Father's Birthplace <u>Lumbadu</u>					
Mother's Maiden Name <u>Sara Ersay</u>	Mother's Birthplace <u>Mass.</u>					
Name of person giving information <u>Arthur Lummur</u>	How related to deceased <u>father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Wynatology</u>	14	How long <u>7 days</u>
Immediate <u>Concussion of brain</u>		How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide? <u>No</u>	H. T. Willis Hyattsville Md.	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Accident or Suicide?

Eliza Lennar

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at Landover

Pr. 1908

Date of death 1907	Month July	Day 30	Years	Months	Days
--------------------	------------	--------	-------	--------	------

Sex Female

Age

Color or Race

Years

Months

Days

Birth-place

Landover

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Arthur Lennar

Father's
Birthplace

Landover

Mother's
Maiden Name

Jarah Hersey

Mother's
Birthplace

Boston Mass

Name of person giving
Information

Arthur Lennar

How related
to deceased

Father

CAUSES OF DEATH

8

Primary

Whooping cough

How long

ten days

Immediate

Pneumonia

How long

two days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. F. Willis

Address

H. F. Willis
Hyattsville

2nd

X

X

X

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

See. Loughlin

Town
Laurel

County
Pr. Geo.

CERTIFICATE OF DEATH

MARYLAND

Died at

Date
of death 1907

Month
7

Day
24

Years

Months
5

Days
1

Age

Sex
Male

Color or
Race
White

Birth-
place
Washington D.C.

Occupation

Where Residing if not
at place of death
Laurel

Married, Single
or Widowed
✓

Name of Wife or
Husband

Father's
Name
Edward Loughlin

Father's
Birthplace
Dover, N.J.

Mother's
Maiden Name
Elizabeth Kaiser

Mother's
Birthplace
Near Laurel

Name of person giving
Information
Edward Loughlin

How related
to deceased
Father

CAUSES OF DEATH

105

Primary

Gastric Catarrh

How long
3 courses

Immediate

Eclampsia

How long
3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

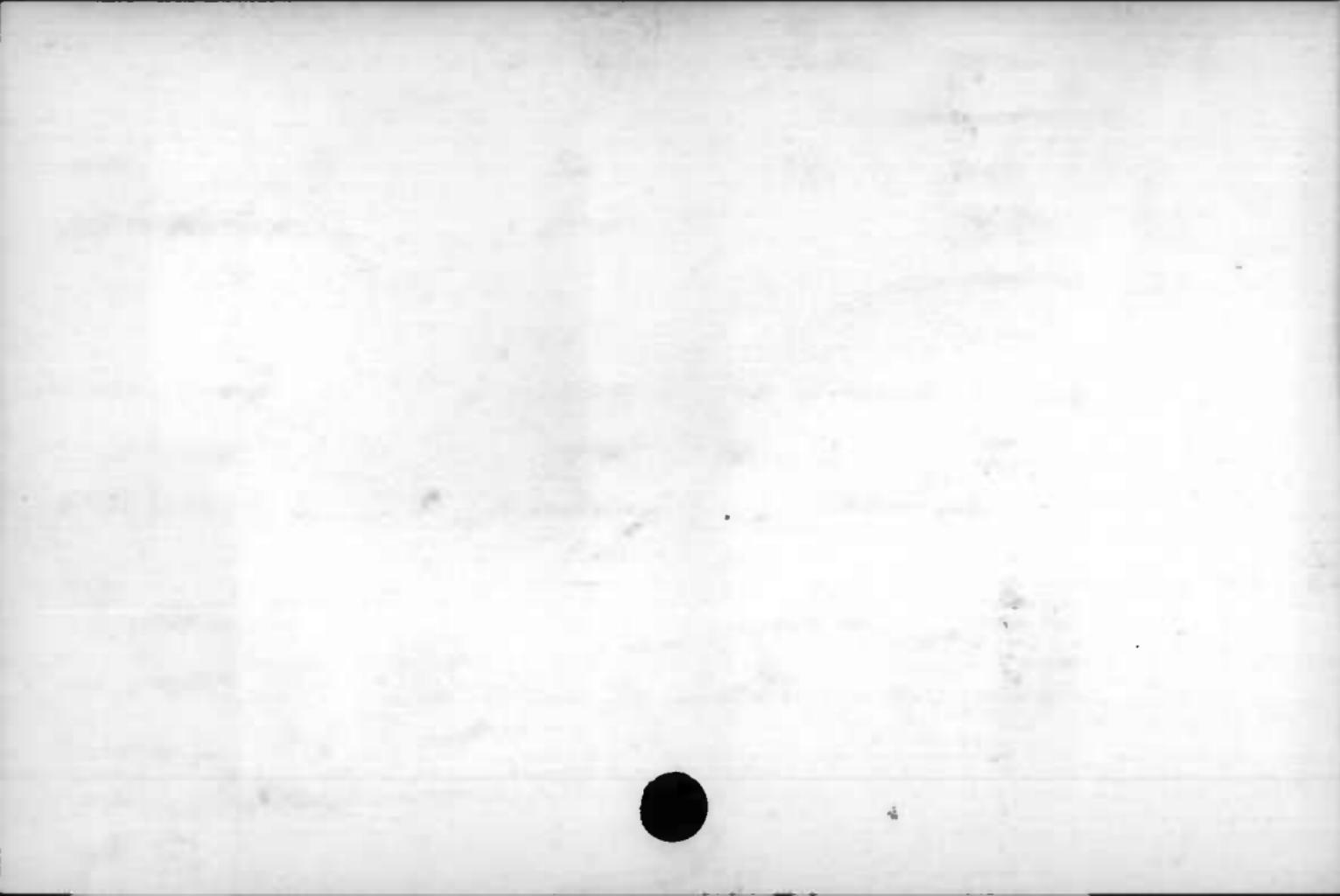
W. T. Taylor

Address

Laurel Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Elijaheth H. Mc Gee

CERTIFICATE OF DEATH

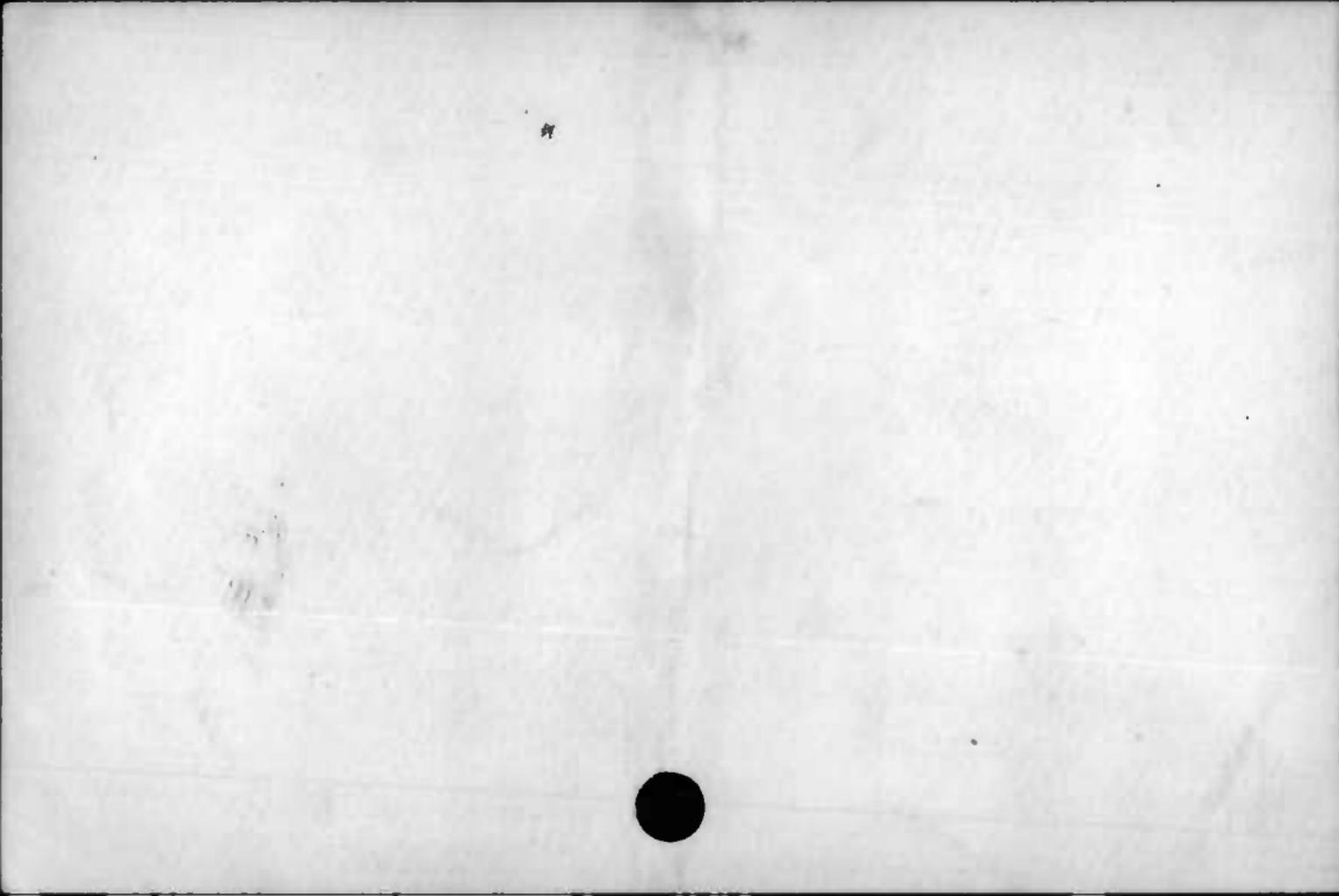
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month July	Day 12	Years 67	Months	Days	
Sex	Female	Color or Race	white	Birth-place	H. Va.		
Occupation	House wife		Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	John L. Mc Gee				
Father's Name	Divers		Father's Birthplace	dont Know			
Mother's Maiden Name	Jane Moore		Mother's Birthplace	H. Va.			
Name of person giving information	John L. Mc Gee		How related to deceased	Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	(66)	How long	10 days
Immediate	l l		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. L. Willis	
yrs		Address	7800 Wisconsin Ave. Md.	
Accident or Suicide?				



Name
in
Full

Sarah E. McKenzie

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Marlboro</u>		Town	County <u>St. George</u>		MARYLAND				
Date of death <u>1907</u>	July	Month	22	Day	Years	3	Months	10	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Age <u>-</u>	Birth-place <u>St. George Co. Md.</u>						
Occupation <u>- None</u>	Where Residing if not at place of death <u>-</u>								
Married, Single <u>Single</u>	Name of Wife or Husband <u>-</u>						Father's Birthplace <u>St. George Co. Md.</u>		
Father's Name <u>Jas O. McKenzie</u>							Mother's Birthplace <u>" " " "</u>		
Mother's Maiden Name <u>Kidwell</u>							How related to deceased <u>Father</u>		
Name of person giving information <u>Jas O. McKenzie</u>									

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Intemperance from

(4)

How long

1000

Immediate

Cannabis

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

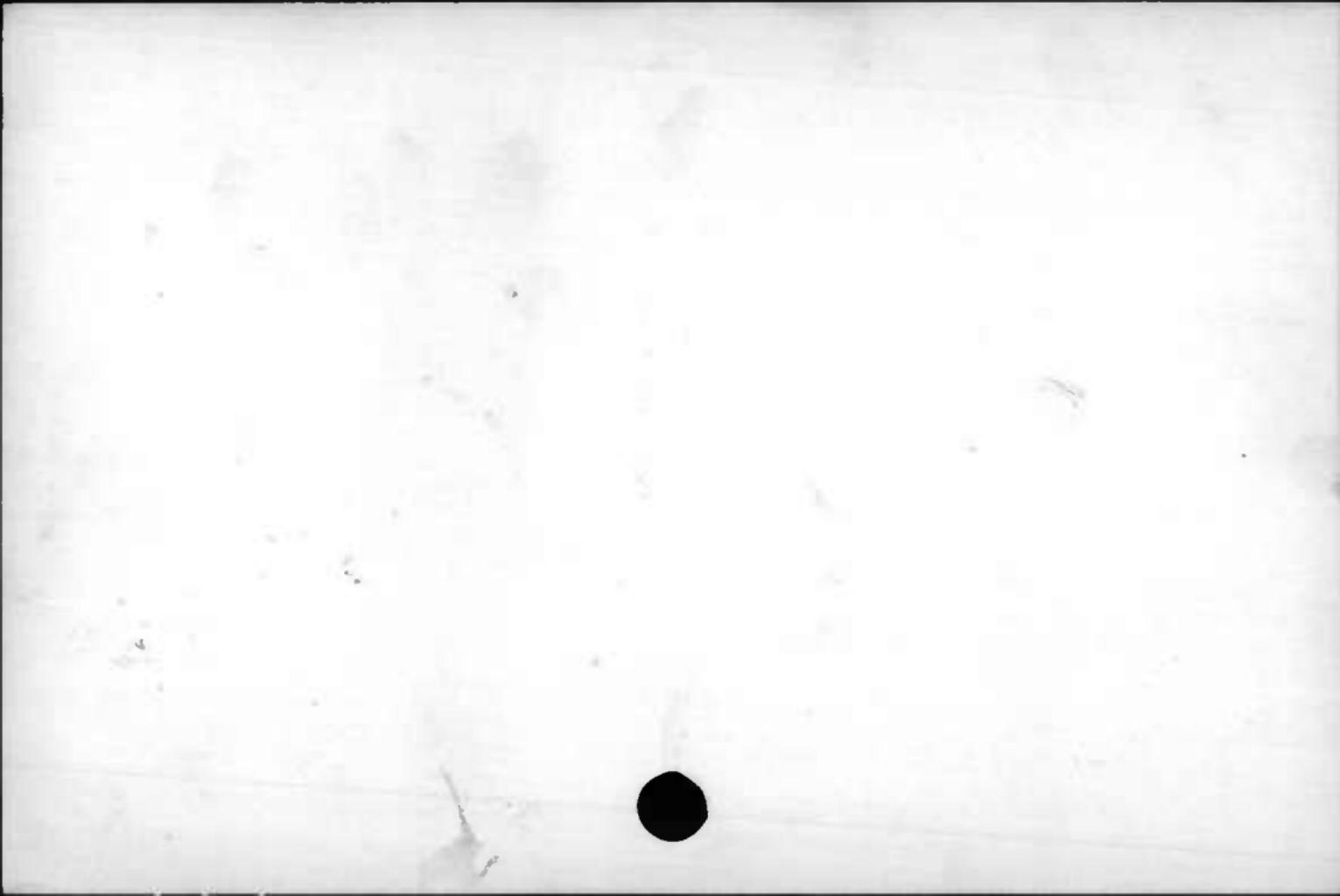
Address

J. A. Gifford

Marlboro Md

Upper

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Not named Miller

CERTIFICATE OF DEATH

MARYLAND

Died at		Piscataway	Town	P. G.	County		
Date of death	1907	Month	July	Day	18	Years	1
Age					Months	2 Days	
Sex	Fิงเกลต	Color or Race	White		Birth-place	Md.	
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Mrs. Miller				Father's Birthplace	Balto Md.	
Mother's Maiden Name	Mary Agnes King				Mother's Birthplace	P. G. Co. "	
Name of person giving Information	J. F.				How related to deceased		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Unknown

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

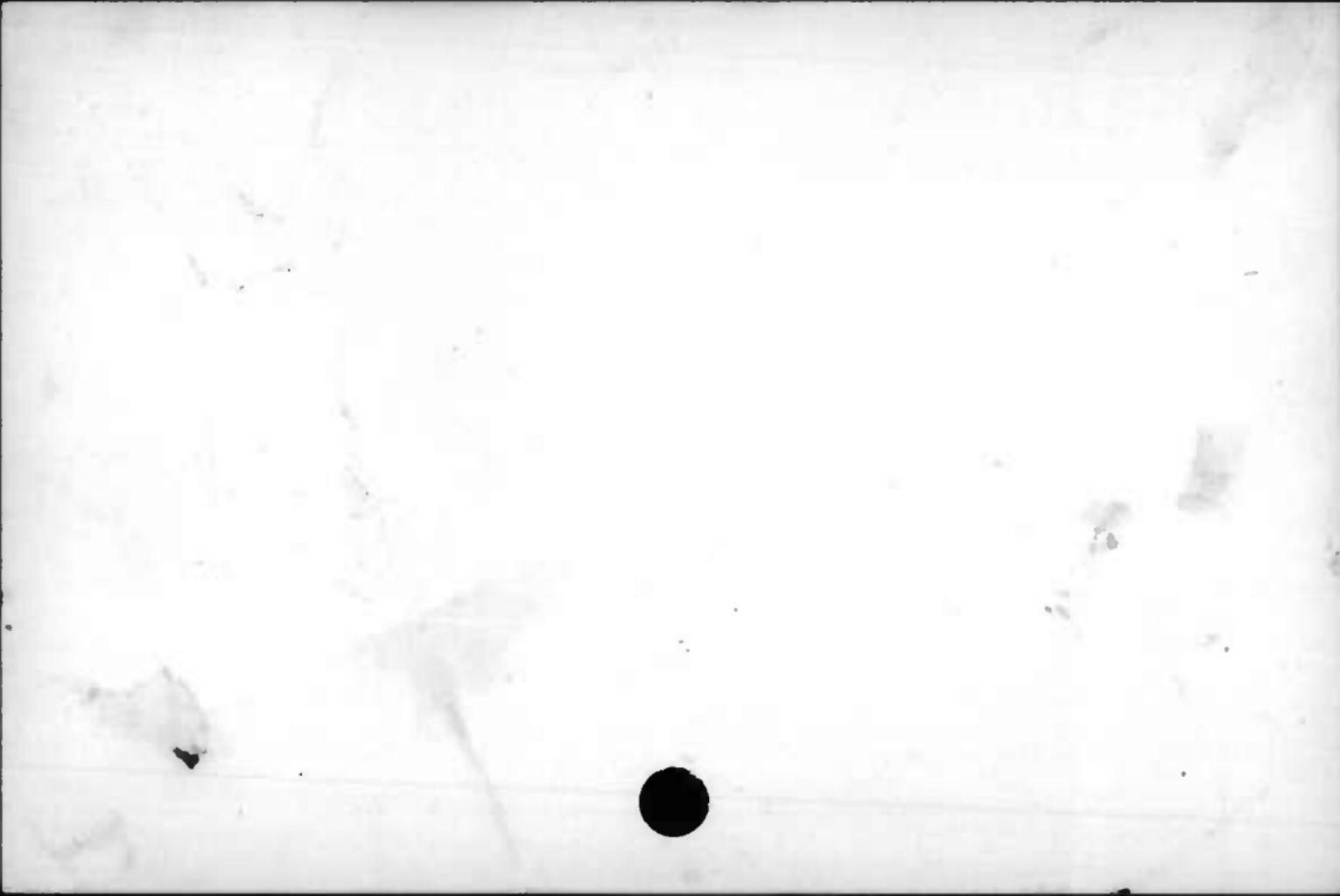
Address

E. D. Shurtliff

Piscataway

Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month July	Day 11	Years 80	Months	Days
Sex	male	Color or Race	white	Birth-place	Westwood Md	
Occupation	Farmer					
Married, Single or Widowed	Where Residing if not at place of death					
Father's Name	Name of Wife or Husband					
Mother's Maiden Name	Melinda Pearce					
Name of person giving information	Lloyd Pearce					
Causes of Death						
Primary	Organic Heart Disease					
Immediate	Exhaustion					
Are the name, age, sex, color, date and place correctly given above?						
Yes -						
Signature of Physician						
Address						
79						
How long						
long						

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

H. Morton Bowen,
Aquasco Md -

15

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Schoenbauer

CERTIFICATE OF DEATH

Died at Hyattsville		Town Pr Geo.		County		MARYLAND		
Date of death 1907	Month July	Day 22	Years Age	Months 8	Days 16			
Sex Male	Color or Race White			Birth- place Hyattsville Md				
Occupation Child	Where Residing if not at place of death							
Married, Single or Widowed Single	Name of Wife or Husband		Unmarried					
Father's Name Frank Schoenbauer			Father's Birthplace Germany					
Mother's Maiden Name Mona Miller			Mother's Birthplace Germany					
Name of person giving Information Father (F. Schoenbauer)			How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus

(179)

How long

Since birth

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

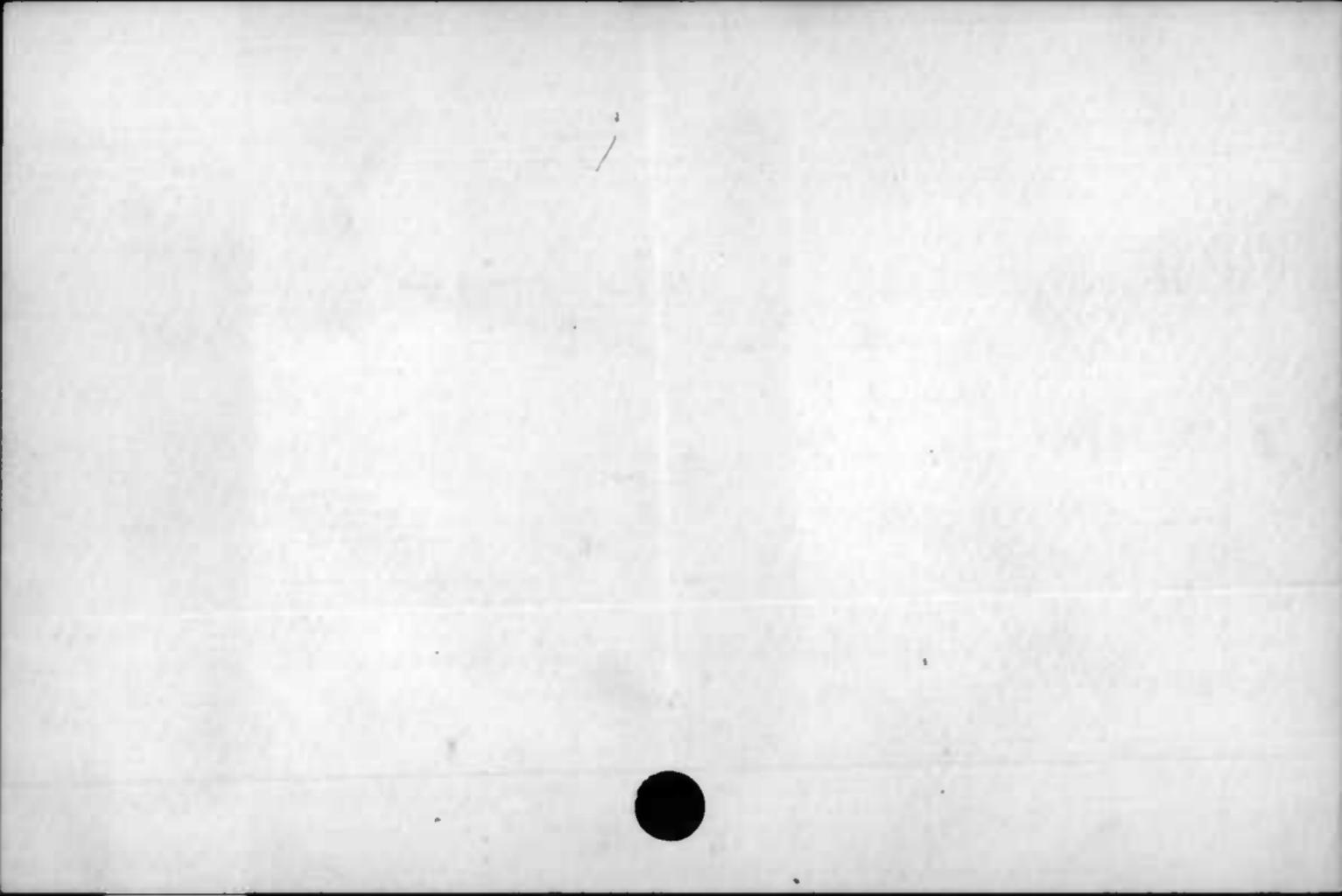
Yes

Signature of
Physician

Address

C.W. Sindall M.D.
Hyattsville
Md

Accident or Suicide?



Thomas Smith						CERTIFICATE OF DEATH	
Died at		Town	C. G.		MARYLAND		
Date of death	1907	Month 7	Day 9	Age —	Months 3	Days —	
Sex	Male	Color or Race	Black		Birth-place	3. G. Co., Md	
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	William Smith			Father's Birthplace	Virginia,		
Mother's Maiden Name	Matilda Diggs			Mother's Birthplace	P. G. Co., Md		
Name of person giving information	William Smith			How related to deceased	Father		

CAUSES OF DEATH

Primary

Don't Know

179

How long

Sick since birth

How long

Immediate

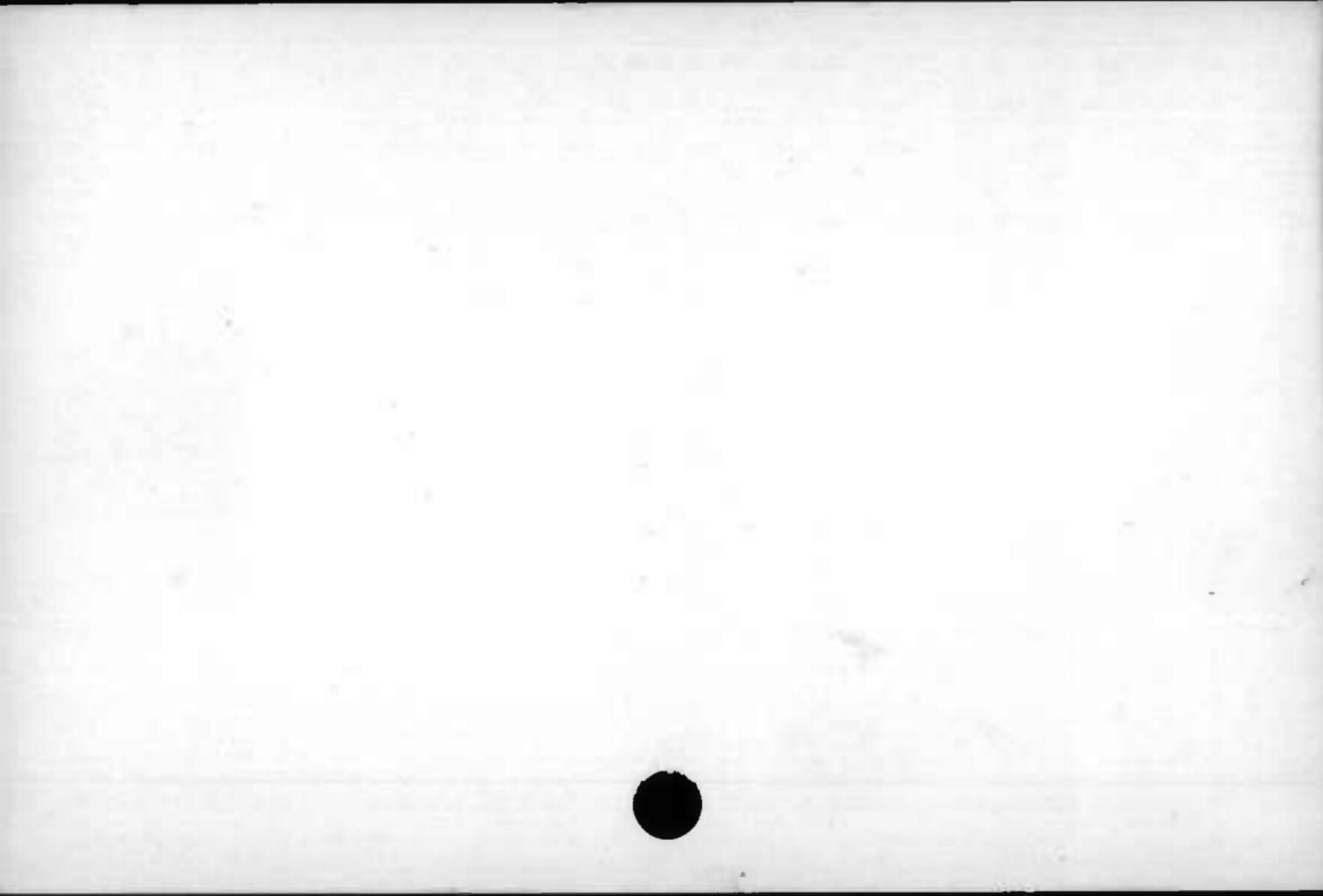
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L. A. Griffith,
Upper Marlboro
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary E. Swann

CERTIFICATE OF DEATH

MARYLAND

Died at Croton Sta. Town In Geo County
Date of death 190 Month 7 Day 24 Years - Months 4 Days -

Sex Female Color or Race Black Birth-place Croton Sta

Occupation - None Where Residing if not at place of death -

Married, Single or Widowed - Name of Wife or Husband -

Father's Name Mitchell Swann

Father's Birthplace Chas Co

Mother's Maiden Name Griswold

Mother's Birthplace Dela

Name of person giving information Mitchell Swann

How related to deceased Father

CAUSES OF DEATH

105

Primary Cholera infantum, Suspect Distracted
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Supposed Signature of Physician Dr. Griffith
Address Upper Marlboro Md

Accident or Suicide?

Name
in
Full

Ada Fairfax Taylor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Prince George	MARYLAND
Date of death	Month	Year	Months Days
1907	July	18	Age 22
Sex	Female	Color or Race	Colored
Occupation	House wife	Where Residing if not at place of death	maryland
Married, Single or Widowed	Married	Name of Wife or Husband	Andrew Taylor
Father's Name	Miles Fairfax	Father's Birthplace	Virginia
Mother's Maiden Name	Harriet Fairfax Jackson	Mother's Birthplace	Virginia
Name of person giving information	Andrew Taylor	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apoplexy

64

Immediate

Coma

Sudden

Are the name, age, sex, color, date and place correctly given above?

Yes

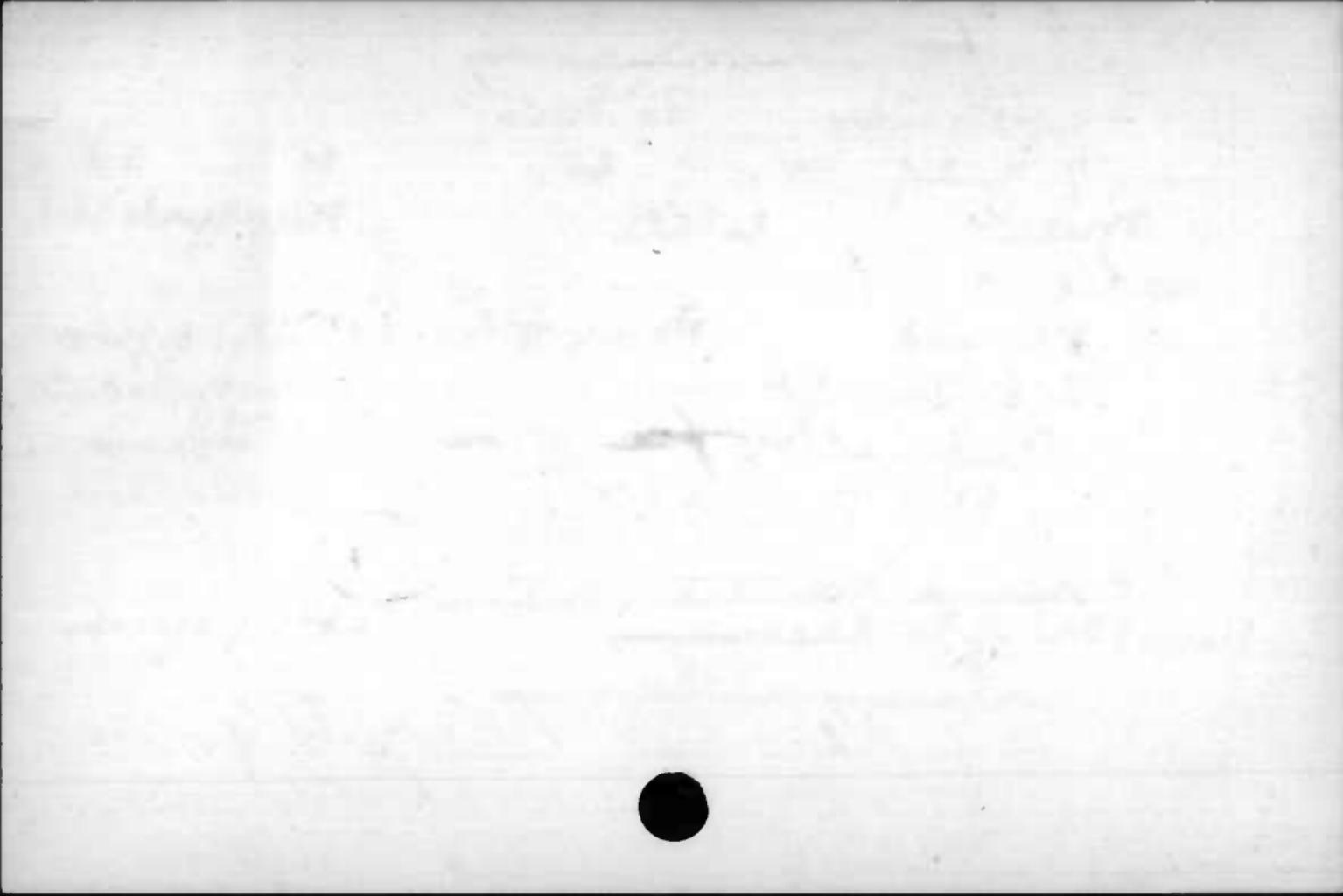
Signature of Physician

Address

Nelson A. Ryan M.D.
Bonie

Accident or Suicide?

No



Name
in
Full

Helen Taylor

CERTIFICATE OF DEATH

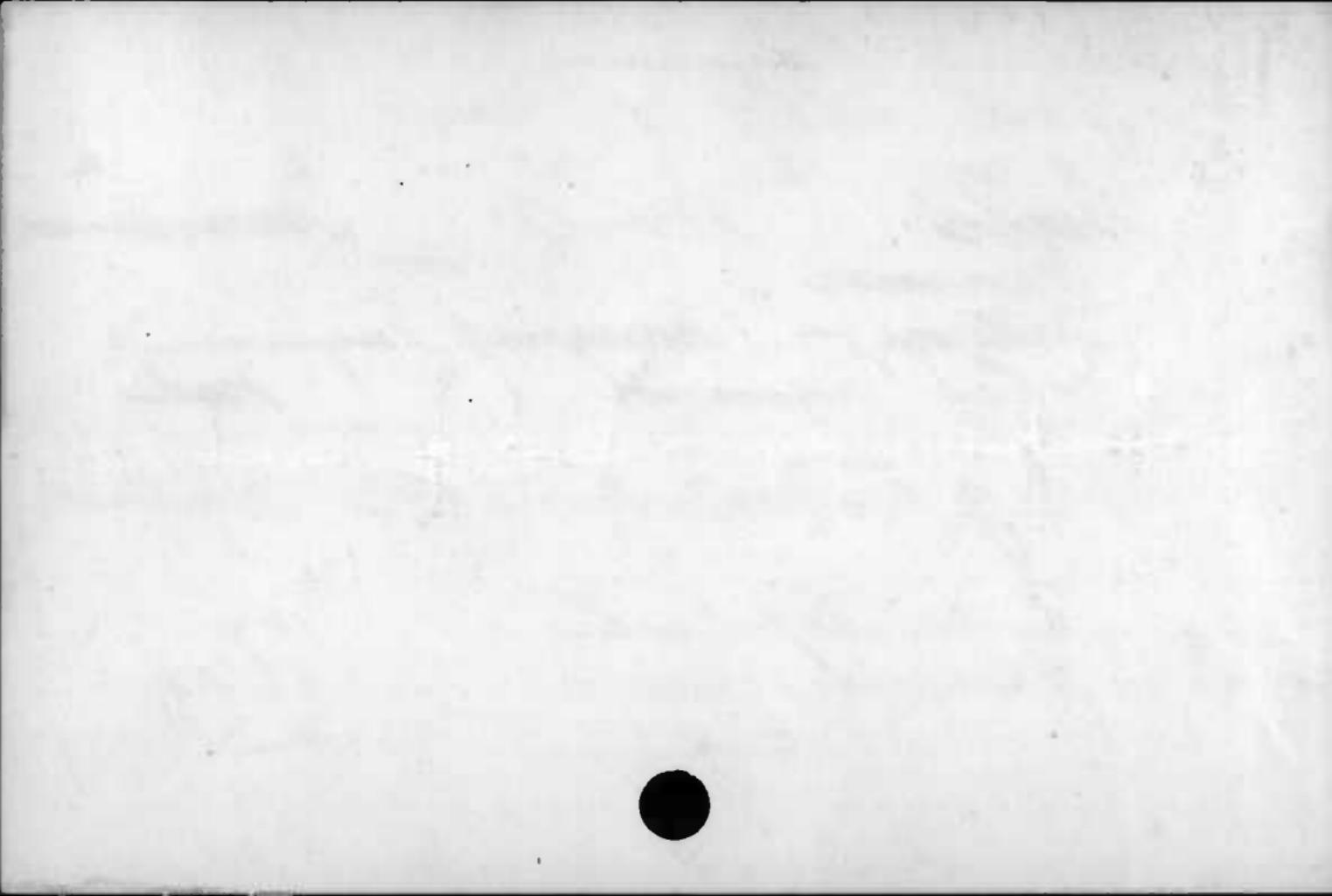
TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	1907	Month 7	Day 29	Age 39 Years	Months	Days
Sex	female	Color or Race	Colored	Birth-place	Md	
Occupation	Laundress		Where Residing if not at place of death	Washington D.C.		
Married, Single or Widowed	Married	Name of Wife or Husband	George Taylor			
Father's Name	Geo. Booge		Father's Birthplace	Md		
Mother's Maiden Name	Rose Hawkins		Mother's Birthplace	Md		
Name of person giving information	McLain Booge		How related to deceased	Brother		
CAUSES OF DEATH						27
Primary	Pulmonary Tuberculosis					How long
Immediate	Pneumonia					9 months
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		How long	
Yes			John A. Cox			
			Address		T.B.	

Accident or Suicide?



Name
in
Full

Lester Is. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	1907	Month July	Day 19	Years 65	Months 11 Days 24
Sex	Male	Color or Race	white	Birth-place	New York State
Occupation	Retired	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Rena Phoebe Thompson		
Father's Name	Is. Thompson		Father's Birthplace	New York State	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving Information	Wm. S. Gere		Related to deceased	Son-in-law	

CAUSES OF DEATH

125-

Primary Entered prostate, Cardiac
lesion Bright's disease

many years

Immediate Weakness Conv.

How long 4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

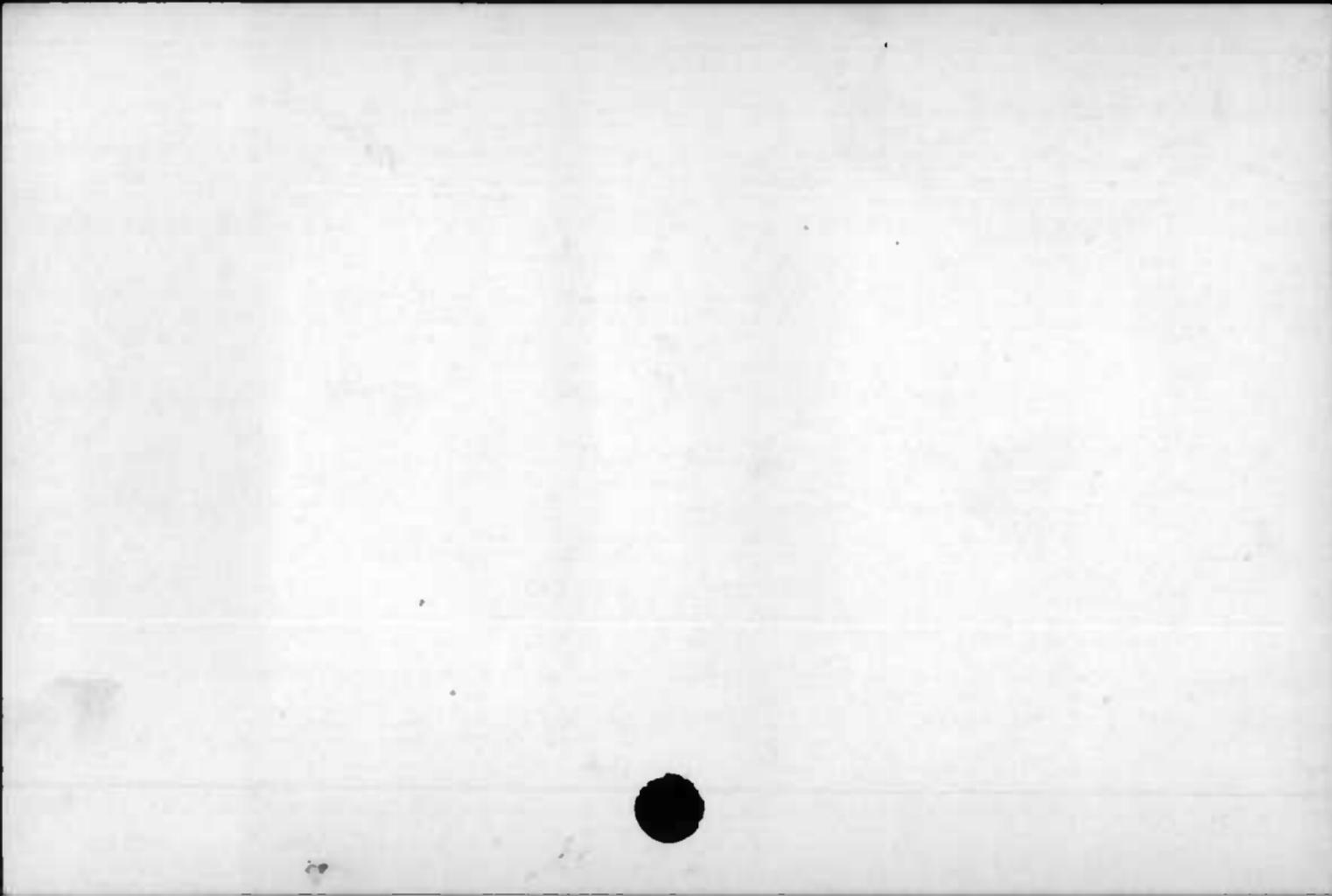
Signature of Physician

Address

Dr. W. H. Thompson

Hagerstown
Md

Neither



Name
in
Full

William Bryan Turner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Aquasco	Prince George			
Date of death	1907	Month	Day	Years	Months
	7	7	30	Age	4
Sex	Male	Color or Race	white	Birth-place	Aquasco Md.
Occupation	None	Where Residing not at place of death			
Married, Single Widowed		Name of Wife or Husband		Father's Birthplace	Maryland
Father's Name	G. Jeremiah Turner			Mother's Birthplace	
Mother's Maiden Name	Anne P. Turner			How related to deceased	Uncle
Name of person giving information	Albert Turner				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Mal. assimilation

179

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

H. Martin Brown M.D.

Address

Aquasco
Maryland

Accident or Suicide?

1900

Name
in
Full

Susanah Walsh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Hyattsville		County	Prince Geo.	Geo.	MARYLAND		
Date of death	190	Month	Day	Age	Years	Months	Days	
Sex	Female		Color or Race	white		Birth-place	M.D.	
Occupation	Dom		Where Residing if not at place of death			M.D.		
Married, Single or Widowed	Widowed		Name of Wife or Husband	Matthew Walsh			Father's Birthplace	England
Father's Name	Matthew Walsh		Alice Gath			Mother's Birthplace	"	
Mother's Maiden Name	Alice Gath		Alice Walsh			How related to deceased	Mother	
Name of person giving information	Alice Walsh							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteritis	106	How long	10 days
Immediate	Spinal meningitis		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Henry Whittemore
			Address	Hyattsville Md
Accident or Suicide?		Neither		



Name
in
Full

Eliza A. Ware

CERTIFICATE OF DEATH

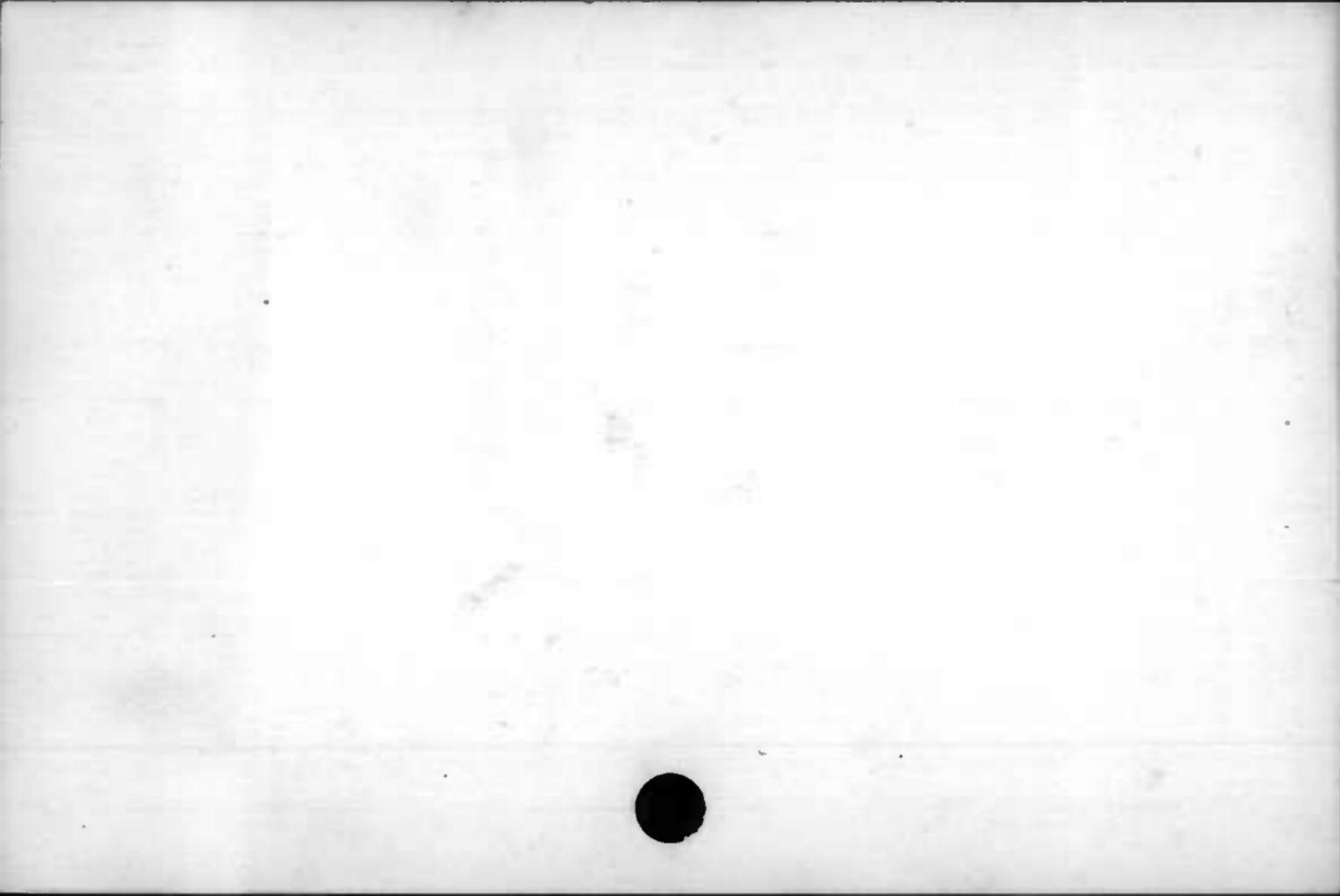
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	7	22	62	2	16	
Sex	Female	Color or Race	White	Birth-place	Harford Co. Md.	
Occupation	Lady.	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	John B. Ware			Father's Birthplace	Harford Co	
Mother's Maiden Name	Mary Ware			Mother's Birthplace	Harford Co.	
Name of person giving Information	Mrs. M. J. Tighe.			How related to deceased	cousin	

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary	Intestinal Parasite
Immediate	Pericarditis Anæmia
Are the name, age, sex, color, date and place correctly given above?	
yes	Signature of Physician
	Address
Accident or Suicide?	

107 one year
7 months



Name
In
Full

Lillian Irene Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Sakeland		Prince George			MARYLAND	
Date of death	1907	Month July	Day 8	Years	Months 2	Days 16
Sex	Female	Color or Race	Age		Birth- place	
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	—		Name of Wife or Husband			
Father's Name	Herbert Williams		Father's Birthplace		Mother's Birthplace	
Mother's Maiden Name	Bertha Stewart		Mother's Birthplace		Mother's Birthplace	
Name of person giving Information	Bertha Williams		How related to deceased		Mother	

CAUSES OF DEATH

151

How long

Since birth

How long

—

PHYSICIAN
OR CORONER

Primary

Malaria

Immediate

Sakeland (died unknown)

Are the name, age, sex, color, date
and place correctly given above?

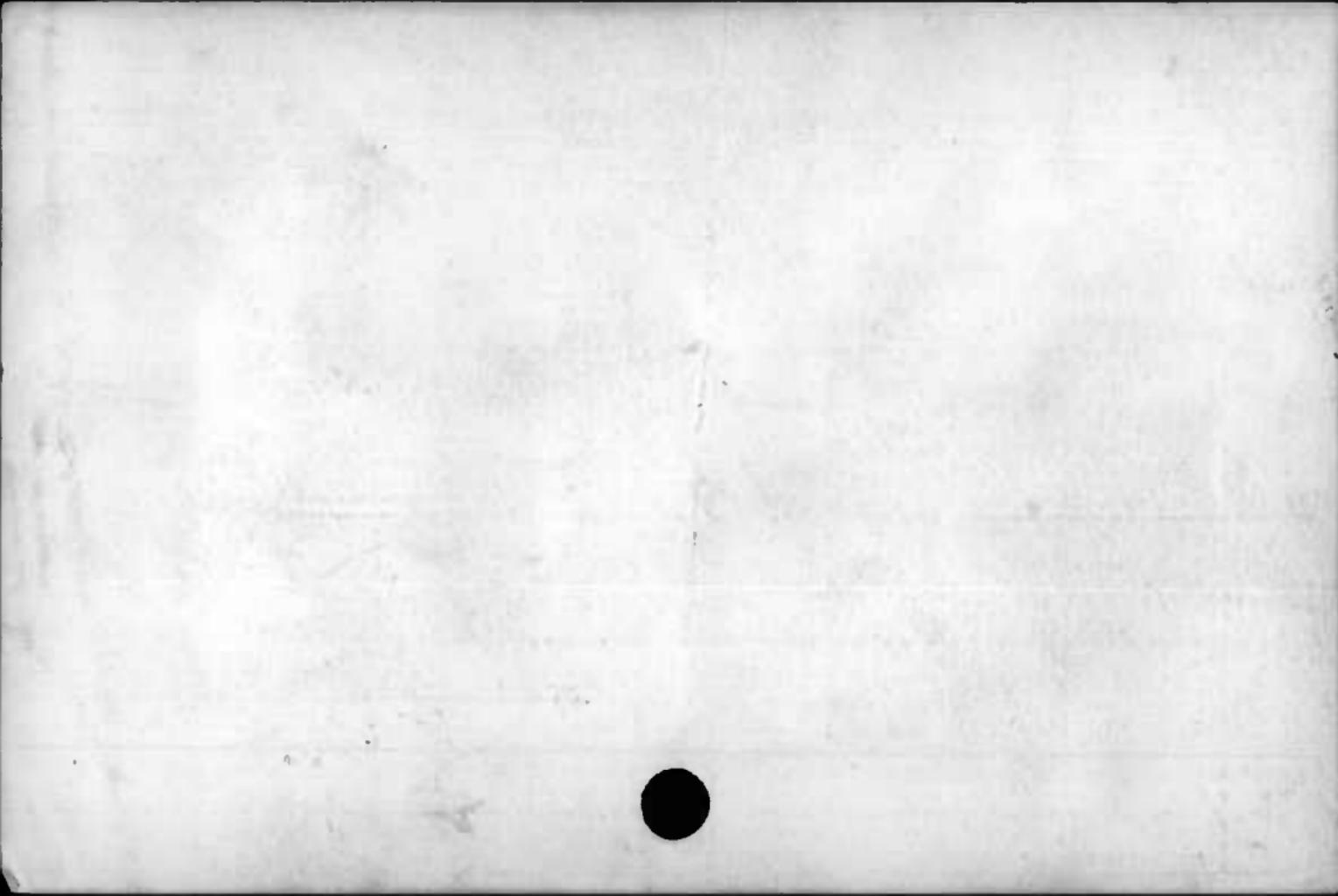
Yes

Signature of
Physician

Address

R. S. Johnson and
Berney and

Accident or Suicide?



Name
in
Full

Harry Edward Wood

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Marebros.	Dr. Lee			
Date of death	Month	Day	Years	Months	Days
190	7 July	26	—	3	
Sex	Male	Color or Race	white	Birth-place	Upper Marlboro
Occupation	-None		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		—		
Father's Name	Harry Wood		Father's Birthplace	Dr. Lee	
Mother's Maiden Name	Moon		Mother's Birthplace	Dr. Lee	
Name of person giving information	Harry Wood		How related to deceased	Father	

CAUSES OF DEATH

Primary

Gastritis

104

How long

1 mo

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. Griffith

Upper Marlboro
Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

<i>Still born unknown</i>						CERTIFICATE OF DEATH	
Died at <i>Hall</i> town		<i>Baltimore</i> County		MARYLAND			
Date of death <i>1907</i>	Month <i>July</i>	Day <i>5th</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>		
Sex <i>Female</i>	Color or Race <i>Colored</i>			Birth-place <i>Hall, Md</i>			
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Unknown</i>	Father's Birthplace						
Mother's Maiden Name <i>"</i>	Mother's Birthplace						
Name of person giving information <i>"</i>	How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still born baby

(S)
How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*H. J. Hinckel.
Hall,
Maryland)*

Accident or Suicide?

